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TRANSACTIONS

OF THE

HOMŒOPATHIC MEDICAL SOCIETY

OF THE

STATE OF NEW YORK,

For the Years 1876-7.

VOLUME 13. (III N. S.)

JEROME B. PARMENTER, STATE PRINTER.
1877.

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STATE OF NEW YORK.

No. 143.

IN ASSEMBLY,

March 1, 1877.

THIRTEENTH ANNUAL REPORT

OF THE

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Hon. GEORGE B. SLOAN, *Speaker of the Assembly:*

SIR. — We have the honor herewith to transmit, as required by law, the Thirteenth Annual Report of the Transactions of the Homœopathic Medical Society of the State of New York for the year 1877.

We have the honor to be, very respectfully,

Your obedient servants,

ALFRED K. HILLS,

L. M. PRATT,

Secretaries.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK
ALBANY, *March* 1, 1877.

The following papers and communications have been submitted to the Committee on Publication, and have received their approval.

ALFRED K. HILLS,
CHAS. E. BLUMENTHAL,
WM. M. L. FISKE.

Committee.

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PART I.

PROCEEDINGS

OF THE

Annual and Semi-Annual Meetings, 1876,

AND

Annual Meeting of 1877,

WITH

ADDRESSES.

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III. Proceedings of the Twenty-sixth Annual Meeting, held in Albany, February 13 and 14, 1877.

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I.

The Twenty-fifth Annual Meeting of the Homœopathic Medical Society of the State of New York.

FIRST DAY — MORNING SESSION.

The twenty-fifth annual meeting convened pursuant to statute, in Albany, Tuesday and Wednesday, February 1 and 2, 1876.

The meeting was called to order by the President, A. W. Holden, M. D., of Glen's Falls.

Prayer was then offered by Rev. S. McLaughlin, of Albany, following which the President delivered the annual address:

GENTLEMEN. — In the interests of science, and the maintenance of those divine principles of philanthropy and beneficence to our fellow-creatures which form the solid substructure of our peerless profession, we meet together once more for the observance of our accustomed anniversary. Another year, with its labors and responsibilities, its accountabilities as well as its cares, has gone before us, bearing the records of our stewardship, to be posted in that grand account whose footings are to determine our status in the endless cycles of eternity. To review the situation, to compare ideas, to gather up and assimilate to a common use the results of the research, the observation and the experience of the best minds in our ranks, are the recognized and paramount objects of our assembling here. Yet it is not to be forgotten that these yearly gatherings may be instrumental in subserving other most important interests. It was hoped that a fresh and vitalized impulse might, as the result of this meeting, be propagated throughout our membership, resulting in the renewal of the ties of friendship, the quickening of the sensibilities and sympathies, the perpetuation of professional brotherhood, and good will to each other (to which, in the dull routine of duty, and the hard attrition of daily labor, the heart often grows callous and indifferent), gathering in one broad, deep channel the many affluents of well-digested thought, and the tributaries of knowledge welling up in exhaustless fountains from the cultured fields of medical experience. In but a few instances has the death angel visited our circle, and, with those exceptions, we are permitted to congratulate ourselves that the golden links of our

fraternity remain unbroken, while others will be present with us increasing our numbers, whose countenance and counsel will enhance the usefulness and augment the power and influence of our assemblage. The recurrence of our annual meeting in this year of centenaries and memorial days, is a reminder that homœopathy has just completed the semi-centennial year of its introduction into this country. To us this is a historical fact of significant import, which stands typically and grandly out amidst the current of passing events like some granite obelisk founded in the densely thronged and crowded thoroughfares of the world's progress, whose sculptured history is blazoned aloft and borne onward to perpetuity through sunshine and storm, the glare and heat of the busy day, and the silent watches of the starless night, carrying to suffering humanity a blessing and a memory, which, borne of angel wings, will be wafted across the barriers of time and bloom perpetually amidst the unfading verdure and perennial fragrance of the happy, far off Aiden. The principles and doctrines of Hahnemann found quick and fertile soil on the shores of the New World, whose appreciative adoption, genial warmth, and liberal culture have vivified, nurtured and trained the feeble germ through the varied transitions of development and growth, until it has reached the stately proportions of a broad spreading, symmetrical and majestic tree, whose towering bole, sturdy branches, and dense interlacing foliage furnish shelter, protection and support to an innumerable host. The propagation and spread of homœopathy is among the many marvels of the nineteenth century. From the small beginnings of fifty years ago, when the first convert to the doctrine of "*Similia Similibus Curantur*," started out on his mission of benevolence and mercy, in his endeavor to ameliorate the harsh asperities, and illumine the Cimmerian darkness of medical practice with its benign teachings, and gentler methods of medication and treatment, to the present hour, when its practitioners may be counted by thousands and its adherents safely estimated by hundreds of thousands; when every city and town of note from the St. Croix to the Rio Grande, have their prospered, honored, and successful homœopathic practitioners; with a following and patronage that represents a large per centage of the wealth, the influence and intelligence of the country; keeping rythmic pace and movement with the grand harmonies of science and nature in the great march of progress, our art — "with healing on its wings," has pressed boldly to the front, and utterly revolutionized the practice of medicine the world over. It is with

no vain self-gratification, or idle conceit, that your attention is called to contrast the methods of the average practitioner of the present day with those of the medical expert of fifty years ago; or with the writings and teachings of the systemic writers and standard authors of that day. Nay, bring the period down twenty-five years later, and even then we find the accepted and unvarying routine of instruction in the schools of medicine, to be venesection, mercurial purgation and counter-irritants for the treatment of the whole vast range of inflammatory and febrile diseases, as many a grave-yard and cemetery, far and near, bear grim and silent witness. A better knowledge of the causes of disease, a clearer understanding of pathological conditions, have no doubt contributed somewhat to modify these conditions. At all events to-day the credit being chiefly due to homœopathy nobody uses these instrumentalities. The people are educated beyond the prejudices of their own while teachers, and will no longer offer themselves as meek and ready sacrifices on the blood-stained cairns of a worse than druidical superstition. The bulky saddle-bag and sanguinary lancet have given way to the diminutive pocket case and minute granule. By way of accounting for these results, we are favored with learned disquisitions about the changes which varying seasons and conditions have wrought in the type of disease; that the once hypersthenic character of inflammations and fevers have been so modified and toned down by climatic and other occult influences as to have clothed themselves with a benign aspect; or even to have assumed an asthenic character, and so to have reached the point where a supporting treatment is demanded instead of depletion. This discrimination is all the more wonderful and sagacious when, upon comparing clinical records, the medical history and ætiology of the two periods, we shall find no appreciable difference. The truth is so plain and palpable that even "a wayfaring man, though a fool, need not err therein." No amount of specious reasoning, no volume of sophistical gibberish, can circumvent this plain and patent statement of fact, that since the introduction of homœopathy the death rate of the human race has sensibly diminished in those countries where it has been freely practiced; while in an equal, if not a greater, ratio has the average of human life been prolonged, and the expectation of its continuance been relatively increased.

The status of homœopathy in this the Empire State is a theme upon which we may well be pardoned for lingering with pride and

satisfaction. The outgrowth and extended facilities of its hospitals, charities, infirmaries and dispensaries, the gradual extension of its county societies and local organizations; the well deserved and exalted reputation and standing of its college and faculty; its demands and attainment of a higher grade of medical learning; a more thorough system of study, training and instruction; the introduction of the socratic methods of intellectual drill; with a more elaborate and fully rounded curriculum of classical and scientific acquirement; the progressive expansion of its practice; the constant increase of its patrons and adherents, are all sources of gratification, and evidences of that constant movement upward and onward, silently yet surely indicated by the finger of Omnipotence on the dial-plate of the world's progress. Let us emulate the example of the great master of the healing art by every honest endeavor to meet the conditions implied by our professions and protests, and in earnest life work devoted to the interests and requirements of suffering humanity show our readiness to exemplify our faith by our works. Such labor is of more practical value than any or all fine-spun theories and scientific abstractions, and, if faithfully performed, is certain in some sort, unexpected though the mode may be, to meet with its reward.

I have already alluded to one purpose of our annual gatherings, of which it was confidently and ardently hoped that this meeting would inaugurate and set forth a more genial type and pattern than any which have occurred in the past, in the way of encouraging and fostering those social and friendly amenities whose harmonious action would tend largely to break down some of the rugged roughness of professional life, and help to bind, with the golden links of an honored brotherhood, the widely scattered membership of our school of practice. It has been alleged with how much, or how little of truth I have not full means of judging, that there is an increasing indifference to our State Society meetings, a failure to meet the liabilities due by members and tributary organizations, and a gradual diminution, year by year, in the attendance. If this be so, and I greatly fear it is only too true, it is all wrong. The State Society is your legal and political representative, your bulwark and breakwater, your fortress and defense, as individual practitioners and adherents of homœopathy, against the subtle craft and overt hostility of a vigilant, wily and not over-scrupulous adversary. This is not said in any mock, belligerent spirit. "Let

us have peace" by all means. Not, however, the peace of cringing servitude, or obsequious subserviency, but rather that supreme and dignified repose, which is born of self-conscious resources and innate strength. It is not the lion or the mastiff who snarl and show their teeth at every fancied neglect, or each imaginary or possible affront, but it is the veriest low-bred cur that is always growling in the house of its friends. The State Society is a delegated body, composed of representatives from all sections of the State. It has a polity and a legal significance. It has a history and an influence abroad, has been, and should of right be, looked up to by homœopathists, at home and abroad, as among the first societies of the country. It is your organ, your mouth-piece, your exponent of principles, doctrines and learning before the world. If it is permitted to languish and perish away with a lingering marasmus, what must be the convictions of the world at large, in regard to the worth of a body that would let its head die for the want of proper sustenance. It is not always easy, I know, for a physician to tear himself away, even for a day, from his patients. This is especially true of country practitioners, who are generally the most prompt and regular in their attendance here. To the most it is no doubt a tax, both upon the purse and time, to attend the meetings of the State Society; but it is a duty, nevertheless — an act of fealty, a graceful and respectful tribute of recognition, which every physician owes to the invisible sovereignty of that power which hourly protects him in the rights and privileges connected with his practice. As before remarked, the Society is a representative body, composed of delegates from the county societies, and of course is strong or weak in the precise ratio of this representation. It is, therefore, vitally important that the county organizations should be thoroughly perfected and energetically maintained. It is a source of pleasure and gratification to know that there is a growing interest in, and increase in the number of, these organizations. The large and spirited attendance in some localities, is indeed a matter for special notice and commendation. In other sections, it needs the inspiriting and vivifying influences of young blood and youthful enterprise and ambition, to bring the meetings up to the proper level and position which their importance and required influence demand. I appeal, therefore, to your best feelings, you personal interest, your regard for your profession, the elevation of your school of practice in the estimation of the public, to arouse from the apathy and lethargy into which we have, so many of us, unwittingly fallen, and make this question of

giving a new impetus to our county societies, a leading and thorough subject, not only of consideration but of work. Recent legislation by the State makes such action not only expedient, but imperatively necessary to our existence. It is shameful that brute force should have to be applied, to compel us to what should be done from an exalted sense of duty, and particularly to that which might so easily be made a source of pleasant social intercourse, mutual instruction and enjoyment. In this connection, I desire to call your attention to another point. Your records should be promptly examined, to ascertain if your original county organization was perfected in accordance with the statute regulating the same. If not, the sooner your work is done over again the better. The representation of the county societies is in the ratio of one delegate for every Assembly district.

The dues of these delegates should be paid by the county societies, and it should be properly and legitimately one of the duties of the secretary of each County Society, to collect and forward to the treasurer of the State Society before its annual meeting, all the arrearages and dues of the Society he represents, and also, an abstract of the records and proceedings, in order that they may be engrafted in the published Transactions. These, as the name implies, should embrace the narrative of the doings of the State and county societies year by year. They were never intended, as some appear to think, to be a text-book of medical science.

Nor, as has been complained, should they be made the repository for the undigested vagaries and phantasies, which have failed to obtain recognition in the pages of respectable medical literature. They are not necessarily supposed to embody the latest and most approved *resume* of medical science, but they should contain just what the name implies. To these, it would be very proper, in addition to the not too voluminous reports of the bureaux, to assemble a group of observations in regard to the diseases (especially epidemics), as they prevail from year to year in various sections of the State, with their peculiar characteristics — methods of treatment, rates of mortality and recovery, and relative results of differing modes of practice. Thus, year by year, *currente calamo*, would the work embrace the history and progress of medicine, especially of our own school, and would thus become in time a valuable compendium of statistics, from which future scientists may derive important information and deductions. The labors of the chiefs of bureaux

have hitherto been in the main too exacting, and too exhaustive. The aim with all seems to have been to make a big volume. Their reports should embody, in a condensed space, the current literature of their respective departments, illustrated as far as practicable from cases and observations and researches, made by our own numbers and within the limits of our own organization. This, with a view to the same end heretofore stated, that when the book is completed, it shall be emphatically, "The Transactions of the Homœopathic Medical Society of the State of New York." It would be well, and wise, for the profession at large, but very especially for the secretaries of the county societies, to familiarize themselves with the statute laws which govern our State and county societies, and to that end, in order that they may be placed within the easy reach of all, I would recommend their republication in the next volume of the Transactions. To the indefatigable, unremitting, earnest, and laborious efforts of our worthy secretary, I feel are justly due in great degree the credit of whatever measure of prosperity may attend our present financial condition. A heavy portion of the debt reported at the semi-annual meeting is either already met, or is in process of liquidation; and it is confidently believed that if the arrearages due to the society from delegates and members were paid the debt could be promptly extinguished. In regard to the publication of the Transactions which, since the State has declined to continue its appropriations for that purpose, has been the heaviest burden under which we have staggered, negotiations have been consummated by Dr. Vincent with the publishers, by which they are to assume the risks, and undertake the publication of the work under the assurance of a generous and general subscription. The members of the Society are urgently appealed to, to make that promise good.

We now come to the consideration of a topic, which now, as heretofore, seems to be surrounded with difficulties, — namely, the payment of dues by permanent members. Some pay promptly and whenever called upon; some semi-occasionally, and at convenience, and some not at all. Now, the theory of the election of permanent members, is that they are nominated by the county societies, and at their own solicitation. At the present time I believe it is required that the application shall be made over their own signatures. In the past it has not been so, and some have been elected without requesting it, who have found its taxes a burden, and who have practically, and in some cases actually, repudiated their obligations. Other

instances I think there are, where the parties have removed beyond the limits of our jurisdiction. In order to know just where we are, it seems to me that the wisest thing to do, would be to strike from the roll all names over two years in arrears. The gradually increasing numbers of our permanent membership ought, with the fees of delegates, to place our finances immediately in a self-sustaining condition, as I think will be shown by the customary finance reports. A greater degree of economy in the management of the affairs connected with the secretary's desk, has no doubt contributed largely to this result. For the reduction of the debt incurred in the publication of the preceding volume of the Transactions, we have two resources, namely, the sale of the surplus volumes, and the payment of arrearages by societies and individuals. To make these resources available, strong personal solicitations and energetic appeals must be made. It is possible that commissions offered on sales and collections might secure the services of some energetic undergraduate to canvass the State for subscribers and collect arrearages whenever practicable, empowering him to compromise claims, where such an adjustment would seem to be equitable or called for.

At the risk of being thought impertinent, I will venture a suggestion in regard to the American Institute of Homœopathy, not that I have one word of criticism to make in regard to the aims and objects of that most worthy organization; but I have a strong impression that its influence and power would be vastly increased, that its wishes and wants, when expressed to our national councils, would bear ineffably greater weight and authority were it a representative body composed of delegates primarily, as well as permanent members from the several States. It is now an irresponsible body — a mob so to speak, as it really is in one sense, quite possibly of good men, surely of learned and scientific men, but, nevertheless, of little weight and influence outside of its adherents, because it is not in its composition in accord with our theories of government — is invested with no legal authority, clothed with no immunities, privileges or powers beyond those which are wholly voluntary.

Compliance with the simple formula of admission takes in everybody who applies, and the increase in its numbers is vastly disproportioned to its discipline or efficiency. What homœopathy now greatly needs is a power behind the throne, an institution or society which, when needful, can be felt potentially at the seat of our general government, and to effect this a systematic and thorough organiza-

tion must be had, which shall reach every school district in the land where our system has a representative or proselyte. To make this plan effective and co-ordinate, its machinery, The American Institute of Homœopathy, should be reorganized on the basis of congressional representation, viz., one delegate from each congressional district throughout the country; three delegates to be nominated by the county society, and elected once in two years by the State Society. The present membership to be made permanent members, and in no way to be affected in their present relations and rights, but all future permanent members to be elected only from those who shall have served one term as delegates. Believing that this plan would greatly increase the efficiency and mobility of the Institute for political and protective purposes, I take the liberty of recommending that the delegates or members of this Society represented in, or belonging to, the American Institute of Homœopathy be requested and instructed to use their influence and exertions to accomplish such a change in its polity and construction as is here shadowed forth. And when this arrangement shall have been perfected let all unite in securing its incorporation by the general government. Thus, will our strength be made coherent and utilized, and should occasion arise, we may become powerfully aggressive. We should then no longer be obliged to keep, and maintain a feeble, frontier warfare of defense — a simple, partizan struggle, where with one hand on his plough and the other on his musket, each householder is forced to fight on his own account — or die; but moving forward in massive and irresistible columns, whose simple momentum would overcome and bear down all opposition, we should stand revealed to the world as one of its forces, regnant, dominant, triumphant and honored of all men.

Much of the time of our Society meetings has, in past years, been squandered in irrelevant and unprofitable discussions, and the introduction of questions and topics foreign to the purposes of the Society. To remedy this difficulty the executive committee, in the exercise of the authority confided to it by the by-laws, has designated in the circular, by which the members were apprised of a change in the time of meeting, a printed and special order of business for each hour during the progress of the meeting. This order of business can be changed only by a vote of the Society overruling it, and will be strictly adhered to as the simplest method of economizing time, and facilitating the dispatch of the regular busi-

ness of the Society. We shall thus insure proper attention to the reports of the various bureaux, which too often have been passed over with unmerited neglect. I trust that no member will take umbrage at, or feel affronted at, the enforcement of rules which were devised for their common benefit. In the further discussion of professional topics, I feel constrained to call your attention to the loose and irregular manner in which the censors of the various societies connected with our school of medicine too often discharge the duties of their office. The position is, I fear, too generally looked upon as a nominal one, and the act of admission of applicants, based upon their recommendation and report, as an idle formality, a time-honored but rather unnecessary ceremonial. The act is thus made a covert and screen by which the wholesome intent of the law is evaded, and thus wholly incompetent, if not morally unworthy, members are admitted to full fellowship in our ranks, thereby bringing discredit upon the profession, and to that extent giving color and warranty to the charge that a simple declaration of faith is all that we require as a qualification for membership, without regard to scholarship, medical training, aptitude, special qualifications or moral fitness. To correct this evil in some degree, for we can no longer afford to stagger along under its weight, the thought has occurred to me whether, if coming within the purview of the duties of the State censors, it would not be competent, and if competent, then eminently proper and judicious, for them to issue, for the use of the faculty and boards of censors particularly, a circular embodying a series of interrogatories embracing every field and department of medical science, proper to be propounded to each applicant for admission to our ranks. The examination need not in any case be restricted to these questions, but these should be made obligatory, without evasion or question, an absolute *sine qua non* of membership. Thus should we be made unequivocally certain that the incumbent possessed a knowledge of a few, at least, of the basic elements of our art. And while upon this subject, I trust I shall be pardoned for expressing myself freely upon a theme so broad and generous and grateful as the uplift and expansion of our philosophy, and the elevation of our profession. There are some who look upon these societies as special instruments for their own private delectation, of which they must manipulate the keys, and inflate the mouth-piece, or else there is sure to be discord. Thus petty jealousies and contemptible rivalries too often build up factions, nourish dissentions and propagate variance, emulation and

wrath, when all should be cordiality and brotherly love. These differences, becoming patent to the world, have helped to distribute widely among the laity the seeds of distrust and doubt concerning our faith and practice. It would be amusing, were it not humiliating, to see doctors belittle themselves by carrying around a grievance as a beggar does a sore leg for the inspection of the passing crowd, by which the sentiment of sympathy is about evenly balanced with the sense of loathing. Equally repulsive is that persistent self-assertion, which seeks in devious ways the crown of martyrdom; or clinging like the old man of the mountain on the back of some popular folly, pushes its unsolicited way in the paths of notoriety; or anon creeping stealthily forward in the crowd-drift, under the skirts of some new idolatry, covetous of an ephemeral distinction, a short-lived glory, a breath — no matter how foul and fetid it may be — of popular applause, so it fills his flapping sails and wafts him down the turbid current, with the straws and rubbish and drift-wood, whirling into every eddy, dashing into every current, until his little craft is stranded and helpless on some out-of-the-way bar or reef. Enough of this! Let us look upon another picture. "Every leading man bears a two-fold character. He is a man, and something more; he is a power in history. Whatever concerns him as man, his humanity, his individuality, his personal qualities, his character and inclinations, 'the marks and indications of the soul,' as Plutarch phrases it — all this, and hardly more than this, is matter for biography, and for that alone. But so far as he is a representative man, standing for communities, for nations, for the world of his time, so far as he is an historic force, making and solving, in some degree, large human problems,— so far as he is the organ chosen by destiny to aid in the development of his race,— just so far he is a maker of history, and therefore its proper subject, and its alone." *

The way to attain consideration, eminence, influence and power for the homœopathic practice, aside from its great and intrinsic merits as a system, is, firstly, to guard well the avenues of admission to our fraternity, in order to keep out the incompetent and unworthy, and, secondly, for each individual practitioner to feel a sense of his personal dignity and importance in the economy. To fulfill these conditions requires patient, regular, indefatigable study. Every physician ought to give a fixed hour of each day of his life to his professional studies. No pressure of business, no amount of extra-

* Atlantic Monthly, March, 1873.

neous duties, no complications of any or all the relations of life ought to be allowed to interfere with this solemn, self-imposed obligation. No magazine or periodical literature, no reading up of cases, no desultory skipping and wandering here and there among the flowers and shady bowers of science, will compensate or make up for neglect of hard, laborious, systematic study in the well recognized, standard treatises of medical learning. A little regularly, daily and well digested and assimilated, is greatly more to be valued than larger amounts, devoured fitfully and at irregular periods.

To quote the language of another, "it is a recognized fact, that professional studies give to an enlightened mind a balance, encourage the exercise of individual endowments and energies, and awaken the best sympathies and highest aspirations of which man is capable. But devotion and enthusiasm are essential elements to the highest success of medical men. I know of no other school so well calculated for the development of these qualities as professional experience. The faculty of rapid and exact observation, and the creating of self-reliance, with the ability to seize upon the important by eliminating the seeming from the essential elements of a case, are nowhere so well learned as by the busy and responsible life of a country practitioner." *

If the new generation now about to enter upon the active scenes of medical life were one and all to accept the advice and adopt the suggestions here laid down, the centennial of homœopathy in this country would find

> "A glorious company, the flower of men
> To serve as a model for the mighty world,
> And be the fair beginning of a time,"

Whose end would be imperial greatness, and what is better still unqualified, immeasurable worth.

The president then appointed the following committees:

Auditing — Drs. H. V. Miller, W. M. L. Fiske and A. R. Wright.

Credentials — Drs. L. B. Wells and H. M. Smith.

Invitations — Drs. L. M. Kenyon, L. M. Pratt and G. B. Palmer.

President's Address — Drs. Carroll Dunham, W. H. Watson, T. F. Allen.

Dr. F. L. Vincent, the secretary, then read the minutes of the last annual, special and semi-annual meetings.

* Annual oration by Joseph M. Toner, M, D., before the Medical and Chirurgical faculty of Maryland, April, 1875.

On motion, the report of the secretary was received and accepted.

The report of the executive committee was read by the secretary.

Resolved, That the resolution offered by Dr. William Wright of Brooklyn at the semi-annual meeting and referred to the executive committee, be laid on the table.

Resolved, That the regents' degree of the University of New York be conferred only upon gentlemen of eminence in the profession.

Resolved, That the recording secretary, Dr. Vincent, receive seventy-five dollars to enable him to defray the expense incurred in publishing the volume of Transactions now in press.

Resolved, That the order of business prepared by the secretary, be adopted by the executive committee.

After some discussion upon the resolution relating to the regents' degree, the report was accepted and adopted by the Society.

The secretary then read the invitation of his Excellency Governor Tilden, inviting the members of the Society to a reception at his house on the evening of Wednesday, February second.

Motion to accept the same was made and acceptance signified by a rising vote.

The secretary and treasurer then presented the following accounts:

ALBANY, N. Y., *February* 1, 1876.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY *in account with* E. D. JONES, *Treasurer:*

Received from delegates, permanent members and county societies		$397 25
Paid as per vouchers	$273 90	
Postage	6 10	
Envelopes	75	
		280 75
Cash on hand		$116 50

Respectfully.

E. D. JONES.
Treasurer.

TROY, N. Y., *February* 1, 1876.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY *in account with* FRANK L. VINCENT, *Recording Secretary.*

Expense account to-wit:

Messrs. Townsend & Browne	$35 00
Stenographers	70 00
Janitor	10 00
Postage and postal cards	93 70
Printing	73 00
Assistant	26 50
Stationery, express, etc	32 55
Salary as recording secretary	250 00
	$590 75
By cash received from treasurer	$420 00
Balance due on salary	170 75
	$590 75
To balance due on salary	$170 75

TROY, N. Y., *February* 1, 1876.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY *in account with* FRANK L. VINCENT, *Secretary.*

To 395 copies of Transactions 1873–4	$762 25
Expense account, postage, etc	$177 70
Cash to Weed, Parsons & Co.	584 55
	$762 25

Messrs. WEED, PARSONS & CO. *in account with* NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

To 1,000 copies Transaction 1873	$868 00
To 5,400 labels pasted in volumes	6 00
To paper wrappers and packing boxes	22 25
	$896 25

By cash received	$584 55
Balance	311 70
	$896 25
To balance due on account	$311 70

Inventory of Copies.

	Copies.
Sold by subscription	395
On hand, about	500
With Noxon's Pharmacy	13
With M. O. Terry	6
With Boerick & Tafel	62
With Dr. Robert McMurry	2
Donations and exchanges, about	22
	1,000

On motion, the reports were referred to the auditing committee.

The Society then proceeded to nominate officers for the ensuing year, nominating two or more candidates for each office.

Dr. L. M. Kenyon moved that hereafter the chairman of each bureau be nominated immediately after the closing of the report of the bureau.

Dr. H. V. Miller, chairman of the auditing committee, reported the correctness of the secretary and treasurer's accounts, but referred so much of the secretary's report as relates to delinquent subscribers to the Transactions, to the committee on the president's address.

On motion, the report of the auditing committee was accepted and the committee discharged.

Dr. A. R. Wright offered the following, which was adopted:

Whereas, But few of the cities and towns of this State publish any mortuary reports, which are greatly needed for scientific and professional investigation,

Resolved, That it is the sense of this Society that our Legislature should pass an act requiring boards of health and health officers of every city or town over 5,000 inhabitants to publish monthly and annual mortuary reports.

Dr. H. V. Miller in the chair.

In the second session of February first, the attention of the Society being called to erroneous reports of our transactions in the newspapers, the secretary was, by unanimous vote, instructed to inform

the papers of the facts in the case, and to request them to correct their reports.

The Society then adjourned.

First Day — Afternoon Session.

The Society was called to order by the president.

On motion of Dr. Vincent, the bureau of materia medica and that of mental and nervous diseases was permitted to exchange hours.

Bureau of Mental and Nervous Diseases.

BY HENRY R. STILES, M. D., CHAIRMAN.

Dr. H. R. Stiles then presented a contribution to the statistics of the homœopathic treatment of insanity. Space permits only brief extracts from this very valuable paper. Referring to the treatment of the insane in our own continent, he states, "at Montevideo, Republic of Uruguay, South America, a public insane asylum connected with the charity hospital of that city in which for fourteen years and five months (1861 to 1875), "pure homœopathic" treatment has been employed by Dr. J. Christian D. Korth. The tabulated statement shows that during these fourteen years, 979 men of different nationalities have enjoyed the benefits of the institution. Of these, 617 were cured, seventy-three escaped, 167 died, and 122 still remain under treatment at the date of the report. The average number of insane under treatment, taking one month with another, was 120; the heaviest mortality experienced in those fourteen years was fourteen during the month of April, 1867, and eight in January, 1868, both of which months the asylum was invaded with cholera morbus. The State Homœopathic Asylum for the insane at Middletown, Orange county, N. Y., was opened for patients April 20, 1874, and to November 30, 1875, there were received seventy-six males and ninety-two females; total 168. Of the sixty-nine patients received during the first seven months, ending November 30, 1874 (of which twenty-seven were males); five males and five females were discharged cured, and two females as improved, while only four cases (two of acute mania and two of puerperal mania), died, giving a per centage of cures as thirteen; of improved as four and one-third, and of death less than six per cent. At the end of the seven months there remained in the institution twenty males and thirty-three females, to which during the year ending November 30, 1875, were added forty-nine males and fifty females; total 152. Of these,

fifteen males and fifteen females have been discharged cured, five males and ten females as improved, nine males and four females as unimproved, one as not insane, eight males and three females have died; giving as a per centage nineteen and seven-ninths cures, of ten improved, of eight and two-thirds unimproved, and of seven and one-fourth as died during the year ending November 30, 1875. Of the total cases under treatment (168) we have a per centage of thirty-one and one-half cures and thirteen and one-third improved.

Bureau of Materia Medica.

T. F. ALLEN, M. D., CHAIRMAN.

Dr. Allen presented a verification of cinnamon. Also invited further provings of eupatorium perfoliatum as a sweating remedy; stated that the remedy was valuable.

Equisetum Hyemale, a proving by Hugh M. Smith, M. D.

Saline waters of Colorado, proving by H. V. Miller, M. D.

Salicylic acid, experiments by W. M. L. Fiske, M. D.

Argent. Nitricum, verified in symptoms arising from the eating of saccharine substances, by L. M. Kenyon, M. D.

Bureau of Clinical Medicine.

H. V. MILLER, M. D., CHAIRMAN.

CONDENSED CLINICAL REPORT OF THE ONONDAGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Small-pox and Vaccination.

Dr. Miller reported a remarkable case of confluent small-pox. A lady having a good vaccine cicatrix was revaccinated, but the virus did not seem to take effect. Two weeks afterward she was attacked with severe varioloid, the umbilicated vesicles soon appearing all over the body, but most numerous in the face. The case then became complicated with uterine hemorrhage, and there were marked typhoid symptoms, great prostration, weak but rapid pulse, *loquacious delirium*, and great restlessness and tossing about. Stramonium relieved the cerebral symptoms and rhus tox controlled the restlessness and hemorrhage. After the hemorrhage ceased, a second crop of the small-pox eruption appeared, when the surface of the body was completely studded with pustules and umbilicated vesicles. The secondary eruption did not appear until the vital energies had sufficiently recuperated. Then the eruption was fully developed. Four weeks after the attack, desquamation was complete, the crusts having disappeared. This was six weeks from the time when the

patient was last vaccinated. Then the vaccine virus took effect and the vaccine disease progressed regularly through all its stages. Afterward the patient made a good recovery.

Two weeks after the exposure three other members of the family who had been thoroughly vaccinated, had symptoms of aborted varioloid for two or three days.

Dr. Miller believed that of those who have once been thoroughly vaccinated, nineteen out of twenty will be protected through life. Vaccination seems to afford as perfect a protection as to have once had the small-pox. Many have died of a second attack of small-pox. Hence, varioloid, so called, may prove more violent than small-pox. Vaccination often takes effect in subjects who have had small-pox or varioloid. Hence the need of repeated revaccinations to serve as tests of the primary vaccination.

Discussion.

Dr. F. Bigelow, when in London, interviewed Dr. Wilkinson, who opposed vaccination, and as a substitute used hydrastis can. third, internally, regarding this a better prophylactic. He used hydrastis as his principal remedy in small-pox.

Dr. Hawley had apparently aborted two cases of small-pox with mercurius cor. recommended by Teste. Recent vaccination was a perfect protection against variola. Of 200 children in the public schools that he had vaccinated, all but two had been previously vaccinated and nearly all had perfect vaccine cicatrices. Yet the revaccination took effect in over 100 of these cases.

Dr. Greeley observed that vaccination took effect more vigorously than usual during a small-pox epidemic. So a second attack of measles is liable to be more severe than the primary attack.

Dr. Hawley — A second attack of small-pox is liable to be more violent than the first attack.

Dr. Brewster had three times vaccinated his son at different periods of his life, and each time with perfect success. He found that in the course of time in some cases, vaccination lost its protective power, hence the need of revaccination.

The late Typhoid Fever Epidemic.

Dr. Miller — Typhoid fever and typhoid pneumonia prevailed quite extensively last fall in this vicinity, and when the whisky treatment was adopted, such cases were characterized by a remarkable fatality.

No such fatality attended their proper homœopathic and hygienic treatment, as he knew from experience. It is simply absurd to dose sick people in any case with powerful and poisonous drugs. But in typhoid fever, which is characterized by prostration, it is most absurd and idiotic to persistently dose the patient with whisky, brandy, quinine and morphine mixed with beef-tea, and then imagine that all has been done that is possible to promote recovery. A recovery in such cases is almost miraculous, because it is accomplished in spite of the treatment. From every quarter comes the same report, that a very large proportion of the cases thus treated prove fatal. What if the stimulant does temporarily raise the pulse? When the dose is omitted the pulse becomes so much the weaker. The theory that alcohol is food is a very mischievous one. It arrests waste and repair. Proper food contains nitrogen. Alcohol is a carbonaceous substance. The apparent strength given by alcohol is very fallacious. It irritates and excites nervous force but to depress and exhaust that force. Artificial excitement is always followed by corresponding vital depression. But the resulting depression is generally ignored. Instead of removing the cause of the fever, which is usually blood poisoning, whisky aggravates the difficulty by serving to carbonize the blood already surcharged with carbonic-acid gas. This is adding fuel to the fire. But even if the patient does recover, he is liable to die a drunkard. Syracuse contains about 100 physicians to 50,000 inhabitants, or one physician to 500 people. If every doctor, on an average, prescribes whisky for his patients half of the time, how long will it take temperance societies to suppress the liquor traffic?

Sulphur and Phosphorous.

Dr. Hawley — A phosphorous cough is characterized by tingling, soreness and rawness in the air passages, but a sulphur cough is caused by a tickling sensation. He had often verified the following indications of phosphorous and sulphur:

Phosphorus — Small wounds bleed easily. A scratch bleeds and it seems as if the bleeding would never stop. Cord-like, light-colored stools passed with difficulty. The feet feel hot to the patient, yet they may be objectively cold. Phosphorus is often suitable for diseases of tall, slim people.

Sulphur — Faint feeling in the stomach; patient cannot wait for dinner. Hot vertex, hot palms and soles. The patient complains of hot vertex, yet it may or may not be objectively cold.

Dr. Brewster— Case of bronchitis with dry, hacking cough, worse during the day. Phosphorus high, cured.

Dr. Marks — Hoarseness curable by phosphorus, is worse at night.

Dr. Hutchins had never been disappointed when he had prescribed phosphorus in congestion of the lungs. He generally gave aconite at the commencement of the treatment.

Dr. Greeley often prescribed sulphur to arouse the slumbering vitality, when apparently indicated remedies fail. (It doubtless removes from such cases the concealed scrofulous element that proved to be an obstacle.)

Dr. Miller often prescribed sulphur in various diseases, particularly those of infants when the palms and soles are hot. When they have a fever, those parts are often the hottest. There may be hot vertex. If there is a diarrhœa it is usually excruciating, and it is worse very early in the morning. Sulphur is to be thought of in pneumonia, second stage, when there are crepitant rales. He often used it in acute nasal catarrh and in bronchitis. A sulphur cough is often worse at night in bed.

He used phosphorus chiefly in affections of the larynx, trachea and bronchia, characterized by a sensation of soreness or excoriation when coughing or talking. In hoarseness and aphonia the soreness and painfulness of the larynx prevent talking. In croup and bronchitis, the cough is very painful on account of this soreness and sensation of excoriation in the larynx, trachea or bronchia. And the cough is dry from tickling in the throat or chest. A phosphorus cough is often aggravated by cold air. These indications of phosphorus he had often verified.

Case of Catarrh of the Posterior Nares (Natrum Sulph.^{200}).

BY H. V. MILLER, M. D.

Calcarea Carb. and Graphites.

Dr. Miller gave a general outline of the characteristics of each of these important remedies, and he reported the following cases:

Case 1. — Chorea. Calcarea carb.^{30}. A girl of sixteen had been treated allopathically several weeks without much success. The patient had light hair and complexion and blue eyes, and always had cold, damp feet. Cure in three weeks.

Case 2. — Right lateral curvature of spinal column, lower dorsal region. Calcarea carb.^{200}, and recumbent position. Patient had cold, damp feet.

Case 3. — Mrs. P., of mild disposition, with light hair and com-

plexion and blue eyes, had for six years been troubled with eczema capitis, appearing first on the occiput. This was suppressed with tar ointment. The tetter then appeared on the external ears and in the meatus auditorius, a dry, white scaly itching eruption; after scratching exuding a sticky moisture. When the eruption was out, her general health was better. When nursing, she had sore nipples. Then a dry, white, scurfy eruption surrounded the nipple. Graphite[30] two or three times a day was followed by a steady improvement and a cure in four weeks.

Case 4. — Herpes zoster. Graphites[30]. Severe neuralgic pains in parts affected, preventing sleep at night.

Case 5. — Ascites with moist tetter. Graphites[30]. Three years ago, Deacon H., eighty-one years of age, had ascites with a moist tetter of the legs from which exuded a glutinous fluid. The epidermis was exfoliated. This remedy two or three times a day, with saccharum lact. substituted at intervals, made a perfect cure of both dropsy and tetter in three months, and the patient has been quite well ever since.

Discussion.

Dr. Marks had with calcarea carb. cured two cases of hydrocephalus in children of scrofulous constitution, large heads, open fontenelles, profuse head-sweat and protuberant abdomen. One case of chronic prurigo and chronic diarrhœa of a child; stools whitish; teeth crumbling from decay; emaciation.

Also, with graphites, he cured a case of salt rheum on the hands which were dry and cracked but sometimes moist with a glutinous exudation.

Dr. Garrison, with graphites, had improved a case of eczema capitis in a rather corpulent lady. Her hair fell out, and there was a sticky exudation. There was much mealy scurf, and arsenicum high completed the cure.

Dr. Hutchins — Glandular hypertrophy and induration of the breast. Calcarea carb. 5 *m.*

Dr. Schenck — Eruption and sore nipples, with gummy exudation. Graphites cured in three days.

Dr. Hawley — Calcarea carb. Severe obstinate cough, worse lying down. Cold damp feet. Dyspnœa on going up-stairs. Appetite poor. No sleep at night on account of the cough. Six powders; one at night.

In the orphan asylum, with calcarea carb., he had often cured

scrofulous ophthalmia of children, with ulceration of the cornea; distended abdomen, light hair and complexion and blue eyes.

After the ulceration of the cornea is healed a cicatrix is formed constituting opacity. Sometimes this opacity persistently remains. Graphites is the remedy. (Case to illustrate.)

Graphites is often suitable for leucorrhœas of fat women. If the leucorrhœa be thin and watery, it may or may not be profuse. It has less pruritus than calcarea carb.

With calcarea carb. he had often cured leucorrhœa with pruritus. Leucorrhœa, white, not thick, milky. The menstrual symptoms of these remedies are opposite. He had often verified the mental symptoms of calcarea carb. — afraid of going crazy, or that people will think the patient is crazy. Also, in consumption, the patient complains of feeling very tired.

Calcarea carb.^{200}. Convulsions of little boy, with light complexion and blue eyes; stools white as chalk; belly like a big pumpkin; croupy.

Dropsy and liver complaint after scarlatina. Calcarea carb. Indications: head-sweat during sleep; stools hard, egg-shaped and white; great straining.

Case 1. Nocturnal Diarrhœa. China 1st.

BY G. E. TYTLER, M. D.

Case 2 — Cerebral hyperemia, belladonna 1st. Patient delirious thirty hours; with difficulty could be restrained from getting out of bed and going around; constantly talked of being away from home and seeing old friends, some of whom had been dead some time; frightful visions of animals; face rather flushed; pulse ninety-six, strong and full; some thirst; pupils not much dilated; delirium arrested in two days.

Bromide of Potassium.

BY H. F. ADAMS, M. D.

Experience in spasms and convulsions based upon its pathogenetic symptoms reported in the United States Dispensatory: Spasmodic jerking; frothing at the mouth; insensibility and enuresis.

Macrotyn in Delirium Tremens and Opium Eating.

BY GEO. B. PALMER, M. D.

1. Experience in delirium tremens. At the Cleveland Homœopathic College during the session of 1855 and 1856, Dr. Palmer was one of the provers of macrotyn, an alkaloid of actea racemosa. The

result of these provings suggested to the doctor's mind the intimate relation of this drug to mania-a-potu, and in delirium tremens it has always been his chief remedy. In such cases, almost without exception, it promptly controls nervous excitability, restlessness and wakefulness, producing grateful rest and sleep. Dose: first trit. one or two grains in from one to three hours.

2. The habit of opium eating. In one case a patient having discontinued the use of opium, complained of sleeplessness and a "crazy feeling" (secondary symptoms). Macrotyn promptly removed these symptoms. In other cases it succeeded almost like magic in removing the excitement, trembling and prostration following the use of opium as secondary effects. After taking macrotyn, another constant morphine-eater for fourteen years, at once reduced her dose of morphine two-thirds, without the usual train of bad symptoms previously experienced whenever she had attempted to reduce the size of her dose. And in another case, after discontinuing the use of opium, a patient had in consequence severe convulsions, and was almost entirely unconscious. Macrotyn promptly cured. After two weeks' treatment she declared herself entirely cured of the desire for opium and every way better in health than she had been since she commenced the use of opium two years previously. And she remains well, with no desire for the drug.

Intermittent Fever in Harlem.

BY T. FRANKLIN SMITH, M. D.

In thirteen years' experience the doctor has had satisfactory success in the treatment of these fevers with homœopathic remedies. When patients are very impatient, he prescribes chinodine, followed in a few days by ipecac[8]. Case unsuccessfully treated with quinine; promptly cured by natrum mur.[200] The remedy most frequently indicated in his practice is arsenicum, which promptly cures when the paroxysms are irregular, the three stages are not clearly defined, and when there is great thirst which is easily satisfied with a little water.

Cases from Practice.

BY GEORGE B. PALMER, M. D.

Case 1. Diabetes insipidus. Podophyllin 1st. A boy of nine years, of good appetite, but pale and thin in flesh, had great thirst, and his urine was frequent, profuse and clear as water. He urinated immediately after drinking. His stools were light colored from deficient bile. Uranium nit., argentum nit., arsenicum, phosphoric

acid, etc., were tried without benefit. Podophyllin[1] suggested by the light-colored stools three doses a day, cured in a week.

Case 2. Diabetes mellitus. Podophyllin[3]. A male child, one year old, very pale, with no teeth cut through, was very thirsty and troubled with frequent and profuse urination. Test indicated sugar. He urinated immediately after drinking. His bowels were constipated, and the stools were white as chalk. Calcarea carb., uranium nit. and various remedies were tried without benefit as before. Finally podophyllin[3] cured in ten days. Characteristics of podophyllin: Chalk stools, urinating immediately after drinking, and profuse and frequent micturition.

Case 3. Ulceration of the kidneys. A farmer, thirty-eight years of age, since lifting a heavy weight, had been for two years troubled with severe paroxysms of pain at meatus urinarius before urinating and a short time afterwards. During these paroxysms there was frequent micturition, only a few drops of urine being passed at a time. And during the intervals between the paroxysms he had to urinate as often as once in two hours, and always with more or less pain. He had been treated allopathically with caustic injections for urethretis and subsequently for cystitis and urethretis. The urine was sometimes normal in appearance, sometimes purulent, according to the test, and sometimes it contained shreds and strings of mucus. There was not much thirst nor fever, except during the severe paroxysms which occurred once to thrice a day. There was considerable tenderness on pressure over the kidneys, especially the right, but no pain in the back or lumbar region. The principal pain was in the urethra, the testes and the neck of the bladder. The testes were drawn up and the penis was curved downward, as in chordee. Post-mortem showed extensive suppuration of both kidneys, chiefly the right; no cystitis nor urethretis.

Coffee Case.

BY T. L. BROWN, M. D.

On the 28th of November, 1875, I attended Mrs. S., a healthy woman, in her first confinement, when she gave birth to a plump and healthy child. In a few days she arose from her confinement in a good condition. Nine days after the child began moaning and crying, with very little intermission, continuing for two days and nights. At noon of the second day I was called to treat the child for the crying. After one hour of close examination of both child and mother, I reached the cause, by asking the following singular question:

Speaking to the mother, I asked, "What do you desire most?" She replied, "I want a cup of coffee." "Have you been drinking coffee during the past few months?" "Yes, until the other morning, when mother said I must not drink it longer, as it would dry my milk and oblige me to wean my child. Since then I have not taken coffee." I then requested her to take at once a cup of coffee, another at tea, and continue the use of coffee as she had previously done until further orders. At seven P. M., of the same day, the child fell into a twelve-hour sleep, with after freedom of the crying. I gave no other advice or remedy.

Three cases of neuralgia cured with cedron 2c., reported by Robert Boocock, M. D., was read as a verification of the value of that remedy in neuralgic affections.

A. M. Pearsons, M. D., presented a paper entitled "Clinical Experiences with High Potencies." This paper reviewed the question of repetition of dose and the single remedy, with illustrations of cases thus treated.

Miscellaneous Business.

Dr. Dunham, chairman of the committee of arrangements of the World's Homœopathic Convention, reported progress, stating that historical, statistical and scientific papers of high merit were being received from various parts of the world.

Resolved, That a committee of three be appointed as a standing committee of this Society on the World's Homœopathic Convention, with instructions to co-operate with the officers of the convention in furthering the business of the convention, and that said committee consist of Drs. A. R. Wright of Buffalo; F. L. Vincent, of Troy, and E. Hasbrouck, of Brooklyn. Carried.

Dr. R. C. Moffatt read a draft of a proposed law for protection against prosecution in cases of alleged malpractice. The law was indorsed by the Society.

Dr. L. B. Wells offered a resolution with reference to the State Society's obligation to H. B. Fellows, M. D., of Chicago, a former secretary of the Society.

On motion of Dr. Carroll Dunham the secretary was authorized to correspond with Dr. Fellows and first ascertain the situation since loss by fire.

On motion the Society adjourned.

First Day — Evening Session.

Bureau of Surgery.

DR. W. TOD HELMUTH, CHAIRMAN.

Dr. Vincent read the report of the Bureau of Surgery.

A case of traumatic epilepsy and paraphlegia, cured by arnica[200], by R. B. Sullivan, M. D., member of the house staff of the Homœopathic Hospital, Ward's Island, service of H. D. Paine, M. D., visiting physician.

A case of aneurism of the abdominal aorta by Duncan Macfarland, M. D., member of house staff of the Homœopathic Hospital, Ward's Island, cured by gallic acid and ferri, sub. sulph.

Dr. J. Ralsey White related the early history of this case, and that it was transferred by him to Dr. Helmuth; further discussion of the report was participated in by Drs. Allen and Hand.

Dr. Miller claimed the cure was from the pathogenetic effects of the gallic acid.

Dr. Boocock inquired if arnica controls epilepsy, or whether any gentleman had ever administered the remedy for that disease, or knew of its having been given prior to the case reported. No reply.

Dr. Fiske related the successful treatment of several cases of hydrocele cured by hypodermic injection of iodine into the sac. One case, of twenty-five years' standing, was permanently cured by this treatment. He uses the tinct. iodine U. S. P., injecting one drachm every three or four weeks.

Dr. R. S. Bishop, of Medina, also indorsed the treatment, and related cases successfully treated.

Dr. Fiske introduced the Hon. Mr. Suydam, a member of the present legislature, who expressed his interest in homœopathy, and in the success of homœopathic institutions in the State.

Bureau of Vaccination.

H. S. HUTCHINS, M. D., CHAIRMAN.

Drs. T. L. Brown, Boocock, Moffat, Vincent, A. R. Wright, Allen, Hand and Miller participated in a discussion upon this fruitful subject.

Dr. Carroll Dunham then presented the report of the committee on the president's address.

The committee to which was referred the president's address respectfully report:

1. The first practical suggestion of the president relates to the

question of the dues of delegates, which should be paid by the county societies which they represent. If this be not now the law, it should be. If it be the law and societies do not comply with it, the committee suggest the passage of a by-law to the effect that, if a County Society fail to pay the dues of its delegates for one year, this Society will decline to receive delegates from it the next year or to act on its recommendations for permanent membership.

2 and 3. The president's recommendations that full and specific reports of the proceedings of the county societies be sent to the State Society, and that the volume of Transactions of the State Society should be made what it really purports to be, a record of the doings of the societies, are heartily acquiesced in by the committee.

4. That county societies should, in view of the existing laws respecting county societies, examine and ascertain whether their organization has been effected in strict accordance with the law, is a suggestion so important, that the committee recommend the appointment of a special committee of three, instructed to investigate this matter, communicating with each County Society, and reporting the results at the next annual meeting of this Society.

5. The committee are not sure of the right of this Society to expel permanent members for non-payment of dues. They recommend that a list of those who have failed for two consecutive years to pay their dues, be published in the Transactions of each year.

6. The committee recommend that the secretary be authorized to dispose of back volumes of the Transactions on such terms as may seem to him most advantageous to the Society.

7. The president recommends a memorial to the American Institute of Homœopathy, advising the reorganization of that body and its conversion into a representative body, consisting of one delegate from each congressional district of the United States, with the present members of the institute constituted a body of permanent members, the institute to be chartered by the general government, and to have powers and privileges suitable to such a body.

The committee would remark that, as at present constituted, the institute invites and receives delegates from all homœopathic societies, institutions and organizations, and is, to that extent, already a representative body.

The president's recommendation contemplates the conversion of the institute into an organization similar to the American Medical Association, possessing an authoritative voice in the national legisla-

ture, and exercising a powerful influence over the business proceedings of minor societies, and controlling the ethics of the profession.

The committee do not share the president's anticipations of good results from such an organization of the institute, while they do deprecate evil consequences which they think would ensue.

The American Institute of Homœopathy has devoted almost its whole time and energy to matters of scientific interest. The profession in our country, and especially our foreign colleagues, hold the results of its labors in high regard.

Without any legal authority, it has prepared and adopted a code of medical ethics, consistent and liberal, which has been universally adopted by the profession in the United States, and which, though not inforced by any power possessed by the institute, commands a more unquestioning and universal obedience from our profession, than is paid to the code of the American Medical Association, backed up by all the power of that association.

The committee believe that the influence for which the president hopes from a reorganization of the institute, would not necessarily follow from it. Such influences inhere in a body which represents large numbers of constituents. It will come to us just in proportion as our numbers increase, and as, by evidences of culture, of high aims, and of success in our professional careers, and in our institutions we gain the public confidence and command its attention. We cannot by any changes in organization, discount our future numerical superiority. The committee would point to another instance in which, without legal powers, the institute has exerted a powerful influence. When a bill was introduced into the United States Senate and favorably received and referred to committee on commerce, creating a national board of health, consisting chiefly of army and navy surgeons, and to which should be confided the control of quarantine, and in all its departments, the institute, through its committee on legislation, presented a memorial to Congress which, by its intrinsic force, and without the aid of any prestige arising from a charter passed by the institute, at once and forever killed the bill.

The committee deprecate any change which would assimulate the institute to the American Medical Association. That association is an incubus on the profession. It restricts freedom of thought and action; it binds the profession under the iron yoke of a code of ethics worthy the middle ages, or compels those who will be free, to become medical outlaws. It is controlled by intolerable army and ex-army

surgeons, who cling to its control like the old man of the sea to Sinbad's neck.

At this moment it is bringing a great pressure to bear on the allopathic faculty of the University of Michigan, constraining them to resign, because a homœopathic school has been formed in that university. Let not members say that we desire the advantages, and would not imitate the abuses of the American Medical Association. Men are very much alike. Power has advantages, but is sure to be abused. Legislation and organization can never compel labor for the advancement of science, which is the legitimate object of the institute. They only give power for legislation, and this is almost sure to be restrictive and oppressive, and to result in hindrance to freedom of investigation, of opinion and of action.

The committee therefore do not acquiesce in the president's recommendations on this point.

Respectfully presented.

CARROLL DUNHAM,
T. F. ALLEN.
Majority of the Committee.

Dr. Watson, being absent.

Dr. Dunham remarked that in view of the shameful delinquency of delegate and permanent members in canceling their dues to the Society, he would respectfully submit the following resolutions :

Resolved, That the names of permanent members who, without having been relieved of their liabilities by action of this Society, shall have failed for two consecutive years to pay their dues, shall be published as such in the Transactions of each year.

Resolved, When the dues of delegates, representing any County Society shall not have been paid for the period of one year, this Society will decline to receive delegates from that County Society and to act on its recommendations for permanent membership, until the dues shall have been paid.

Resolved, That a committee of three be appointed whose duty it shall be to communicate with the county societies of the State, ascertain whether their organizations have been effected in strict accordance with the laws, and to report the results of their inquiry to the respective societies and to this Society.

On motion the resolutions were adopted.

On motion the Society adjourned until nine A. M., Wednesday.

WEDNESDAY MORNING.

Meeting called to order, President Holden in the chair.

By reason of the absence of the original appointees to the credential committee, the president appointed Drs. Flagg and Mitchell, who reported the following delegates and permanent members as being present, many physicians failing to give their names to the committee :

Report of the Committee on Credentials.

Delegates.

Albany County Medical Society,	H. L. Waldo, West Troy.
Albany City Hospital and Dispensary	
Broome County Medical Society,	T. L. Brown, Binghamton.
Cayuga County Medical Society.	
Chautauqua County Medical Society.....	
Chemung County Medical Society	
Chenango County Medical Society	
Columbia County Medical Society	
Delaware County Medical Society	
Dutchess County Medical Society	Anne C. Howland, Poughkeepsie.
Erie County Medical Society...	L. M. Kenyon, Buffalo.
	A. R. Wright, Buffalo.
Buffalo City Dispensary	
Buffalo Ingleside Home Hospital.	
Buffalo Homœopathic Hospital.	
Kings County Medical Society..	W. H. Hanford, Brooklyn.
Brooklyn Homœopathic Hospital.....	
Brooklyn Lying-in Asylum....	
Brooklyn Homœopathic Hospital Dispensary	
Brooklyn (E. D.) Homœopathic Dispensary	
Gates Avenue Homœopathic Dispensary	

State School for Training Nurses.	
Livingston County Medical Society	
Madison County Medical Society.	
Monroe County Medical Society.	
Rochester Homœopathic Dispensary	
Montgomery County Medical Society.....	Gilbert Ingalls.
Niagara County Medical Society.	
New York County Medical Society	
Hospital of Five Points House of Industry.....	
Hospital of Protestant Half-Orphan Asylum.....	
Hahnemann Hospital	
Ophthalmic Hospital.....	T. F. Allen, New York.
New York Surgical Hospital ..	
Bond Street Dispensary	
Harlem Homœopathic Dispensary	Thomas Franklin Smith.
Dispensary of Homœopathic Medical College	
Metropolitan Homœopathic Dispensary	
New York Homœopathic Dispensary	
North Eastern Homœopathic Dispensary	
Western Homœopathic Dispensary	
Yorkville Homœopathic Dispensary	
New York Homœopathic Medical College.....	T. F. Allen, New York.
New York Medical College for Women	
School of the Ophthalmic Hospital	

Clinical School of Hahnemann Hospital	
Oneida County Medical Society.	
Onondaga County Medical Society	H. V. Miller, Syracuse.
Ontario County Medical Society.	
Orange County Medical Society,	John J. Mitchell, Newburgh. E. H. Bradner, Middletown.
Middletown State Asylum for Insane	H. R. Stiles, M. D., Middletown.
Oswego County Medical Society	
Otsego County Medical Society.	
Queens County Medical Society,	Robert Boocock, Rockville Centre.
Rensselaer County Medical Society	
St. Lawrence County Medical Society.....	
Saratoga County Medical Society	
Schuyler County Medical Society	
Seneca County Medical Society.	A. J. Frantz, Geneva. Edward W. Bryan, Ovid.
Steuben County Medical Society	
Tompkins, Cortland and Tioga Counties	
Ulster County Medical Society.	
Washington County Medical Society.....	R. Slocum, Easton.
Wayne County Medical Society,	O. D. Kingsley, Palmyra.
Westchester County Medical Society.....	L. W. Flagg.

Permanent Members.

H. M. Paine, Albany; Jas. F. McKown, Albany; W. H. Randel, Albany; H. Swits, Schenectady; Nelson Hunting, Albany; Geo. H. Billings, Cohoes; E. D. Jones, Albany; S. H. Carroll, Albany; H. S. Sloan, Binghamton; S. D. Hand, Binghamton; Thomas

Franklin Smith, New York; Ira C. Owen, Sherburne; W. J. Bryan, Corning; C. P. Cook, Hudson; O. I. Peck, N. Chatham; W. H. Barnes, Chatham Village; P. W. Mull, Ghent; H. S. Hutchins, Batavia, N. Y.; W. M. L. Fiske, Brooklyn; R. C. Moffat, Brooklyn; Geo. B. Palmer, East Hamilton; R. S. Bishop, Medina, Orleans county; T. F. Allen, New York; Henry M. Smith, New York; J. Ralsey White, New York; L. B. Wells, Utica; W. H. Watson, Utica; L. L. Brainard, Little Falls; B. B. Schenck, Plainville; E. B. Holmes, Canandaigua; E. S. Coburn, Troy; M. W. Campbell, Troy; S. J. Pearsall, Saratoga; Wm. Gulick, Watkins; C. M. Mosher, Easton; C. J. Farley, Sandy Hill; W. B. Brown, Palmyra; Carroll Dunham, Irvington-on-Hudson.

Visitors.

Arba R. Green, Troy; Wm. H. Van Derzee, Albany; Albert Mott, Stillwater; I. J. Evans, Rome; G. H. Benjamin, Albany; T. Hammond, Dover; L. Ingalls; R. Tallmadge, Trumansburgh; Catherine Goeway, E. Van Slyke, G. H. Newcombe, Albany; Allen S. Russell, Marion; J. J. Peckham, 123 N. Pearl street, Albany.

The election of officers was next in order. The president appointed as tellers Drs. Holmes and Mull. The following officers, after being legally balloted for, were by the president announced as duly elected:

President. — Timothy F. Allen, M. D., 3 East Thirty-third street, New York.

First Vice-President. — A. R. Wright, M. D., Buffalo, New York.

Second Vice-President. — William Gulick, M. D., Watkins, New York.

Third Vice-President. — Henry R. Stiles, M. D., Middletown, New York.

Recording Secretary. — Alfred K. Hills, M. D., 33 West Twenty-third street, New York.

Corresponding Secretary. — Lester A. Pratt, M. D., Columbia street, Albany.

Treasurer. — Frank L. Vincent, M. D., 17 Second street, Troy, New York.

CENSORS.

Northern District.

Drs. Brown, Houghton, Farley.

Southern District.

Drs. Fiske, Whitney, Searle.

Middle District.

Drs. Schenck, Raymond, Boyce.

Western District.

Drs. Kenyon, R. S. Bishop, Grant.

PERMANENT MEMBERS.

First district, Alfred K. Hills, John S. Linsley; second district, W. L. R. Perrine, Ira S. Bradner; third district, P. W. Mull; fourth district,———; fifth district, M. O. Terry, W. L. Woodbury; sixth district, C. A. Church; seventh district, Wm. P. Fowler; eighth district,———.

REGENTS' DEGREE.

John F. Gray, M. D., LL. D.

NOMINATIONS TO PERMANENT MEMBERSHIP.

First District.

Drs. Alex. Berghaus and F. E. Doughty.

Second District.

Drs. Harrison Willis and Chas. M. Lawrence.

Fourth District.

Drs. C. J. Farley and Peter H. Hulsh.

Fifth District.

Dr. W. C. Doane.

Eighth District.

Dr. A. C. Hoxie.

CHAIRMEN OF BUREAUX.

Materia Medica. — Lorenzo M. Kenyon, M. D., Buffalo, New York.

Clinical Medicine. — William A. Hawley, M. D., Syracuse, New York.

Surgery. — T. Dwight Stow, M. D., Fall River, Mass.

Obstetrics.—Everitt Hasbrouck, M. D., 253 Thirteenth street, Brooklyn, New York.

Gynæcology.—Frank L. Vincent, M. D., Troy, New York.

Pædology.—R. C. Moffat, M. D., 17 Schermerhorn street, Brooklyn, N. Y.

Mental and Nervous Diseases.—Henry R. Stiles, M. D., Middletown, Orange county, N. Y.

Ophthalmology.—George S. Norton, M. D., 36 West Twenty-seventh street, New York.

Otology.—Henry C. Houghton, M. D., 50 West Thirty-third street, New York.

Laryngology.—E. J. Whitney, M. D., 100 Lafayette avenue, Brooklyn, N. Y.

Climatology.—A. R. Wright, M. D., Buffalo, N. Y.

Vaccination.—T. L. Brown, M. D., Binghamton, N. Y.

Histology.—S. P. Burdick, M. D., 351 West Thirty-fourth street, New York.

Vital Statistics.—E. M. Kellogg, M. D., 29 East Nineteenth street, New York.

Necrology.—Henry D. Paine, M. D., 26 West Thirtieth street, New York.

Pharmacology.—H. M. Smith, M. D., 107 Fourth avenue, New York.

Medical Education.—John F. Gray, M. D., Fifth Avenue Hotel, New York.

Medical Societies and Institutions.—Alfred K. Hills, M. D., 33 West Twenty-third street, New York.

Committee on Legislation.—E. D. Jones, M. D., L. M. Kenyon, M. D., F. L. Vincent, M. D., L. M. Pratt, M. D., William Gulick, M. D.

Committee on County Societies.—Everitt Hasbrouck, M. D., Brooklyn; E. H. Hurd, M. D., Rochester; Stephen D. Hand, M. D., Binghamton.

Delegates to Other Societies.

American Institute of Homœopathy.—Drs. R. McMurray, New York; William A. Allen, Flushing; L. W. Flagg, Yonkers; H. D. Brown, Potsdam; W. M. Gwynn, Throopsville.

Connecticut Medical Society.—Drs. T. C. Fanning, Tarrytown; B. F. Joslin, New York; Everitt Hasbrouck, Brooklyn.

Illinois Medical Society.— Drs. A. R. Wright, Buffalo; H. B. Fellows, Chicago, Ill.; H. S. Hutchins, Batavia.

Indiana Medical Society.— Drs. A. T. Bull, Buffalo; C. W. Boyce, Auburn; E. B. Holmes, Canandaigua.

Iowa Medical Society.— Drs. S. D. Hand, Binghamton; E. C. Bass, Cazenovia; Cornelius Ormes, Jamestown.

Kansas Medical Society.— Drs. R. R. Gregg, Buffalo; G. D. McManus, Oswego; W. M. Gardner, Utica.

Maine Medical Society.— Drs. S. P. Burdick, New York; Lester M. Pratt, Albany; Chas. P. Cook, Hudson.

Massachusetts Medical Society.— Drs. H. D. Paine, New York; H. C. Houghton, New York; T. Dwight Stow, Fall River, Mass.

Michigan Medical Society.— Drs. L. M. Kenyon, Buffalo; B. F. Bishop, Lockport; C. E. Baker, Batavia.

Minnesota Medical Society.— Drs. H. N. Avery, St. Paul, Minn.; B. B. Schenck, Plainville; A. B. Southwick, Rome.

Missouri Medical Society.— Drs. Chas. Lowrey, Hannibal, Mo.; R. E. Miller, Oxford; N. R. Seeley, Elmira.

New Hampshire Medical Society.— Drs. Frank L. Vincent, Troy; J. N. White, Amsterdam; Levi Shafer, Kingston.

New Jersey Medical Society.— Drs. C. A. Church, Passaic, N. J.; W. S. Searle, Brooklyn; S. Lilienthal, New York.

Ohio Medical Society.— Drs. J. W. Bryan, Corning; W. B. Brown, Palmyra; G. Z. Noble, Dundee.

Pennsylvania Medical Society.— Drs. A. P. Hollett, Havana; James M. Cadmus, Waverly; T. L. Brown, Binghamton.

Rhode Island Medical Society.— Drs. E. D. Jones, Albany; Wright H. Barnes, Chatham; W. M. L. Fiske, Brooklyn.

Vermont Medical Society.—Drs. A. W. Holden, Glen's Falls; J. F. Miller, Cambridge; G. W. Little, Fort Edward.

Wisconsin Medical Society.— Drs. H. D. Brown, Potsdam; D. E. Southwick, Ogdensburgh; S. C. Knickerbocker, Watertown.

Bureau of Ophthalmology and Departments of Otology and Laryngology.

Reports of the above were called for.

Dr. Vincent read a well arranged essay on "Acute Catarrhal Inflamation of the Middle Ear," by W. P. Fowler, M. D., of Rochester.

Dr. Fowler admits that very many valuable remedies are indicated in the various affections of the ear, but as he has obtained favorable clinical results from six, he makes mention of no others in his essay,

aconite, belladonna, chamomilla, hepar sulph., mercurius sol. pulsatilla. In the inflammatory stage of the disease, he recommended the very valuable application first used by Dr. H. C. Houghton, of New York:

Recipe. — Tinct. belladonna, half drachm; glycerine, one drachm; aqua, one ounce. — Mix.

A few drops of this as warm as can be borne should be poured into the meatus externus occasionally. Upon the subsidence of inflammation the politzer method of inflation may be carefully performed.

Dr. Vincent complimented the author of this paper upon its practical value, referred to the monograph of Dr. C. R. Agnew, of New York, upon otitis, wherein the doctor claims the large majority of cases to arise from *catching cold;* advocates as a preventative, bathing, with subsequent exposure of the skin to the air. The ideas expressed by Dr. Fowler upon this important and painful disease, are worthy of the careful consideration of every homœopathic physician, and the familiarizing himself with the ear speculum and the politzer method of inflation is absolutely necessary.

Dr. Brown believed that cleanliness and fresh air was the *sine qua non*, and the violation of these hygienic laws resulted in disease.

Dr. Coburn mentioned cases continuing in good health that hardly ever bathed.

Dr. Boocock reported a case of otitis media, in which aconite in the earlier stages and hydrastis later, effected a cure, but the remaining deafness was only restored by the politzer inflation.

Dr. Vincent called attention to improved nozzle, to the politzer, as suggested by Dr. H. C. Houghton, of New York; being larger, it enabled the operator to more completely close the nostril.

Dr. Moffat considered the subject of bathing as all important, but advised moderation in practice. Some children are enfeebled by bathing, and should not be bathed oftener than once or twice a week.

The secretary presented, by title, a paper by Wm. N. Guernsey, on Nervous Deafness.

Dr. Vincent read the report of the Department of Laryngology.

A paper on "Acute Diseases of the Larynx," by E. J. Whitney, of Brooklyn. The doctor advocated greater care in the diagnosing of diseases of the larynx; that the physician should accustom himself to the appearances of the healthy larynx; then make himself perfectly familiar with such pathological changes as result from diseased action.

The paper reviewed the symptoms and treatment of *sub-acute*

laryngitis.—Remedies, belladonna, causticum, phosphorus, rumex crispus.

Acute Laryngitis.—The treatment of this disease, the most formidable of acute affections of the larynx, may be divided into two classes—internal and topical; of the former, aconite and belladonna in the earlier stages, and hepar sulph., lachesis, phosphorus and spongia (iodine—kali bichrom., causticum, rumex or sanguinaria may also be studied) for the control of the cough; the topical treatment is a question of individual experience and opinion. An application the doctor heartily indorses as a most valuable sedative:

Recipe.—Tinct. benzoin, one drachm; aqua (at 150° Fahr.), one pint—inhaled for ten minutes.

The paper closes with a description of Œdema of the Larynx and its treatment, which he divides into three classes, constitutional, local and surgical. Apis and arsenicum are recommended, with iodine, bromium and chlorine. Scarification is strongly urged by McKenzie's guarded knife, strongly astringent substances, by inhalation, as alum, chloride of gold, chloride of zinc or tannic acid. "If each and all of these methods fail to give relief, tracheotomy must be resorted to."

Dr. Vincent referred to an unfinished article by Dr. Whitney, "On the History of the Invention of Laryngoscopy." Referred to the publishing committee.

Dr. Allen thought greater attention should be given to these laryngeal coughs which too frequently wearied the patient and injured the reputation of the physician. He recommended rumex crispus. Special indication, changes of temperature, *on going into cold air.* He also recommended lachesis, indicated by *sensitiveness of the larynx to palpation.*

Dr. Moffat inquired of Dr. Allen as to the ready response he obtained from rumex.

Dr. Allen—Have given it without any results, but use it in various potencies; sometimes low, in other cases the 200th, in both attenuations secure brilliant results.

Dr. Boocock used rumex only with those quite advanced in years, cough rough and loud; has had better success with phosphorus. Gives causticum with prompt results when slight emissions of urine accompany the cough. Related a case of cancer of os-hyoides placed in the care of Dr. Whitney.

Dr. Dunham regarded rumex as a prompt and efficient remedy. If he failed to secure results, he believed he had mistaken the potency.

Characteristics — Cough provoked by change from warm to cool, or cool to warm. Any change in the rythm of respiration would induce the cough. Causticum finds its characteristic indications in the peculiar sensation of inability to effect a deep inspiration, "can't cough deep enough to give relief."

Dr. Brown asks the potency.

Dr. Dunham — With rumex both high and low, with causticum the 200th.

Dr. Brown — What position in life were the patients who were cured by the 200th; do you not find the higher potencies more efficacious among the wealthy, refined city bred, and the out-door, poorer countrymen requiring the lower attenuations?

Dr. Dunham — My clientage is quite respectable, thank you. The best results obtained from rumex 200th was upon myself when constantly out of doors, and when I was only worth $300.

Dr. Allen suggested that the careful, slow breathing of rumex was to elevate the temperature of the air before taking it into the lungs.

Dr. Boocock referred to lobelia; indications — feeling as of a band about the chest, with an irresistible desire to cough.

Bureau of Climatology.

Dr. Boocock inquired of the society the proportion of diseases of the lungs near the sea, compared with inland.

President Holden — The United States census gives a large increase of those residing on the coasts.

Dr. Allen observed that persons with pulmonary troubles among inland residents were markedly benefited by sea air, while the reverse was equally true.

Dr. Wright — For this very purpose the American Institute is striving to obtain mortuary reports from various parts of the State. The United States census reports are unreliable; almost worthless in this particular.

Dr. Moffat inquired what influence the northern winds on Lake Ontario had upon the mortality from consumption.

Dr. Kenyon — The mortality from consumption is less than in other portions of the State. In the county of Cayuga the deaths from consumption were twenty-five or thirty in excess of Erie county, and the same applies to the remainder of western and northern New York.

Dr. Hand stated that in Berkshire county the statistics revealed the fact that one-half of the deaths resulted from consumption.

Dr. Dunham believed in the relation of climate to tubercular consumption, that it involved questions more complex than the mere change of climate. By way of illustration he related a case that was transferred from Brooklyn to the southern slopes of the Highlands. Making possible, changes in mode of life, away from city, away from school, away from friends, permitting regular hours of sleep, exercise on horseback, fresh, clear atmosphere, etc., resulting in complete restoration to health.

Dr. Boocock referred to the large mortality among miners, spoke of the effects of coal gas as a producer of catarrhal and pulmonary diseases, of the chemical change wrought in coal upon exposure to the air, and that in the mining districts of England the habit of the miner is to store his coal in large quantities under his dwelling.

Dr. Kenyon stated that he meets with cases every week of a catarrhal nature, that, leaving Buffalo, find immediate relief by a residence in New York city, and *vice versa.*

Dr. Mitchell confirmed Dr. Wright's assertion that the mortality statistics are never reliable. He believed that pulmonary consumption is the result of inflammation.

Afternoon Session.

The society was called to order at three P. M. by the president.

Dr. Dunham presented the following notice of proposed change of the constitution:

"I give notice that at the next annual meeting of this Society I shall move to alter article VI of the constitution to read as follows:

Article VI.

The annual meeting of this Society shall be held in the city of Albany, commencing on the second Tuesday in October in each year.

Feb. 2, 1876. CARROLL DUNHAM.

Dr. Dunham presented the supplementary report of the committee on the president's address. The report was accepted and adopted.

"The committee to which were referred the president's address, and a memorandum presented by the secretary of the names of subscribers for the Transactions who have neglected to pay their subscriptions, present a supplementary report:

"The president called attention to the laxity of the examinations made by the censors of some of the county societies, of candidates for the license to practice, a laxity which not infrequently invests with

the rights and privileges of the medical practitioner, gentlemen who are by no means qualified for and entitled to them. He recommended that action concerning this matter be taken by the Society at this meeting, and suggested that the censors of the State Society be requested to prepare form of questions and tests to serve as guides and models for examination of candidates for the license from county societies, and to distribute them among the censors of the county societies, urging them all to bring their examinations up to the suggested standard. The committee cordially urge upon the Society the adoption of the president's recommendation.

"The secretary has given the committee a list of the names of gentlemen, most of them members of this Society, who have subscribed for copies of the Transactions, and have failed to send the money for the same. The number of copies thus left on his hands is seventy-five, valued at $157.75. The committee recommend that the secretary address to these gentlemen a circular stating the fact of their delinquency, and explaining that, on the faith of their subscriptions, the Society went to the expense of publishing a larger edition than it would otherwise have done, and is now burdened with the copies for which these subscribers promised, but have failed, to pay. In response to such a note it is probable that more than one-half would pay.

"Respectfully.

"CARROL DUNHAM.
"T. F. ALLEN.
"*Majority Committee.*"

"*February* 2, 1876.

Bureau of Gynæcology.

The secretary read an apologetic letter from the chairman, Dr. A. P. Throop, of New York, regarding the meagerness of his report.

Dr. Vincent read a paper by Sarah J. White, M. D., on Dysmenorrhœa cured by electrolysis.

Dr. Palmer recommended viburnum opulus from first to third dilutions in dysmenorrhœa; has had gratifying results succeed the administration of this rememdy.

Dr. Allen indorsed the remarks of Dr. Palmer; had used the first dillution and had obtained prompt results. Referred to viburnum prunifolium mother tincture for threatened miscarriage.

Dr. Fiske had used viburnum prunifolium in ulceration of the os, also in intra-cervical leucorrhœa.

Dr. Allen values borax from thirtieth to 200th in chronic metritis and cervicitis; chacteristic indications "*dread to go down stairs.*"

Dr. Boocock referred to æsculus as a valuable remedy for ulceration accompanied by hæmorrhoids.

Dr. Allen inquired what success the members had in the treatment of diseases of the womb by local means. He had remarked the

failure of the potency men in curing their cases with internal remedies alone, and the success of those who resorted to local treatment.

Dr. Vincent stated the results of his experience to have been such as to confirm his opinion in favor of local treatment. His rule was first to carefully diagnose the case under consideration, if one attended by any abrasion of the mucous tissue; cleanliness and the application of the indicated remedy, *locally*, using glycerine and a solution of gum arabic in equal proportions as the menstruum secured results, that the *internal remedy alone* did not, and he believed would not, accomplish.

Dr. Fiske gave in detail his mode of application, believed that as in pharyngeal catarrh so in cervicitis, cleansing the mucous membrane and applying the remedies to the denuded follicles, curative results would obtain, he usually permitted the cotton pledgets to remain *in situ* three or four days.

Dr. Vincent did not believe in permitting a pledget of cotton to remain so long; was always very careful to exact cleanliness of his patient and practice the same himself. In these cases, always had the patient remove the cotton in twenty-four hours from time of application, for fear of septicæmia.

Dr. Holmes offered a resolution to the effect that should vacancies occur in the board of trustees of the Homœopathic Asylum for the Insane at Middletown, the Governor should be requested to fill such vacancies from residents of Orange county. The motion did not prevail.

Dr. Dunham offered the following resolution:

Resolved, That this Society recommend to the Governor as suitable candidates for the position of trustees of the State Homœopathic Asylum for the Insane, at Middletown, in case vacancies shall occur in the board of trustees, J. J. Mitchell, M. D., of Newburgh; B. R. Champion, Esq., of Goshen, and Chas. M. Lawrence, M. D., of Port Jervis, Orange county. (Carried.)

Bureau of Obstetrics.

Dr. A. R. Right read a paper entitled, "Notes on Tedious Labor."

Dr. J. Ralsey White read a paper on "Uterine Paralysis."

Dr. A. R. Wright also presented a paper on "Hyperæsthesia of the Neck of the Uterus."

Dr. Holden, under miscellaneous business, said that he thought it would be well to retain in the Bureau of Materia Medica, the department of pharmacology.

Dr. Allen moved that Dr. H. M. Smith be requested to prepare a paper on this subject. (Adopted.)

Dr. Boocock moved that the Legislature be respectfully requested at its earliest opportunity to enact a law or laws, as shall enforce the proper registration of births within ten days after birth. (Carried.)

Dr. Kenyon stated the law existed thirty years ago, requiring reports of births and deaths, but had either been repealed or was a dead statute.

Dr. Kenyon also referred to the State Dental Society's friendship to homœopathy, and the failure of the delegate appointed last year to meet with that society, requested that a new delegate be appointed.

The president appointed Dr. Kenyon, with privilege of securing a substitute.

Dr. Wright's resolution relative to vital statistics was, upon motion, referred to the legislative committee.

WEDNESDAY EVENING SESSION.

The Society convened at 7:20 P. M., President Holden in the chair.

The report of Dr. H. M. Paine, as chairman of the committee on legislation, was received, and ordered to the appropriate committee.

Under Necrological Report the following resolution was presented:

Whereas, Dr. James Cromwell, of Caldwell, Warren county, N. Y., a permanent member of this Society, having been removed from our membership by death, therefore

Resolved, That we deplore the loss which this Society has sustained, and offer to his family and friends our condolence and sympathy in their bereavement.

Resolved, That A. W. Holden, M. D., be appointed a committee to prepare a memorial of Dr. Cromwell, to be published in the next report of the State Society.

Dr. Carroll Dunham presented the following:

Resolved, That a vote of thanks be and are hereby tendered by this Society to the common council for their courtesy in according us the use of this apartment for our meetings, to the president, the secretary and other officers of this Society for their faithful and efficient performance of duty, and to the press of this city for their courteous notices of our proceedings.

Dr. Kenyon extended an invitation to the Society to hold its semi-annual meeting the second Tuesday in October, at Buffalo.

On motion the invitation was accepted.

On motion the Society adjourned to the second Tuesday in October, at Buffalo, N. Y.

The members, some sixty in number, then repaired to the Executive mansion of his Excellency, Governor Tilden, where they were received most cordially by W. T. Pelton, Esq., Military Secretary, and his genial lady, and by them presented to Governor Tilden. After partaking of a sumptuous spread, and exchanging kindly greetings, the members separated to their various fields of duty, ending one of the most important and enjoyable sessions of the Society held in years.

FRANK L. VINCENT,
Secretary.

To the Honorable, the Senate and the Assembly of the State of New York, greeting:

Whereas, An action for malpractice though brought without cause, is very injurious and may be even destructive of the reputation and business of a physician, surgeon or dentist, and

Whereas, The defendant physician, surgeon or dentist has no adequate remedy at law for the injury sustained by such suits erroneously brought except when brought for cause of malice, which is exceptional, such suits being prompted by ignorance and feeling,

Therefore your petitioners pray this honorable body, that a law may be enacted, requiring the plaintiff in such suits to file a bond in the usual form of an indemnity bond to indemnify the defendant against any damages not in excess of a special amount, which may be sustained by the defendant in consequence of such suit if wrongfully brought.

Note. — We submit that the same reason exists for indemnifying the defendant in this class of actions, as there does in case of arrest, injunction or attachment, *i. e.*, where the defendant has no remedy for injuries sustained, where such proceedings are wrongful or erroneously taken, and should therefore be indemnified.

At a meeting held at Albany, February 1, 1876, the State Homœopathic Medical Society requested the president and secretary, to sign the above petition as a petition from said Society.

A. W. HOLDEN,
President.

F. L. VINCENT,
Secretary.

II.

Proceedings of the Twenty-fifth Semi-annual Meeting.

The semi-annual meeting of the Homœopathic Medical Society of the State of New York, was held in Buffalo, October 10, 1876, the vice-president, Dr. A. R. Wright, presiding.

There were present—Drs. T. L. Brown, of Broome county; C. Ormes, A. F. Ward, A. S. Couch, R. B. Landon and C. P. Alling, Chautauqua county; Henry Learned, Cattaraugus county; Orlando Groom, Chemung county; A. R. Wright, L. M. Kenyon, R. R. Gregg, H. T. Appleby, N. Osborn, J. F. Wager, Henry Baetig, D. B. Stumpf, H. Foster, C. F. Peitch, W. B. Kenyon, H. E. Colton, F. P. Lewis, A. Seymour, A. Pohle, of Erie county; C. C. Baker and H. S. Hutchins, Genesee county; W. M. L. Fiske, Kings county; J. M. Whitcomb, Livingston county; Chas. Sumner, S. N. Brayton, A. W. Hartupee, Monroe county; R. S. Bishop, Niagara county; Alfred K. Hills, New York county; G. D. Beebe, delegate from Illinois; J. J. Lancaster, London, Ontario.

The minutes of the preceding meeting were read and approved.

An invitation was received and accepted from the Buffalo Homœopathic Hospital to visit that institution.

The order of business adopted was the reports of bureaux in accordance with their standing in the by-laws.

The first in order was the report of the Bureau of Materia Medica, Dr. L. M. Kenyon, chairman, and consisted of the following papers:

1. "Characteristics of Colchicum," by Dr. T. L. Brown.
2. "Comparison of Sulphur, Calcarea and Lycopodium," by Dr. H. V. Miller.
3. "The Administration of Drugs," by Dr. Alfred K. Hills.
4. "Proving of Calcarea Ostr.$^{\underline{40\ m}}$" by Dr. Sarah J. White.

Remarks of Dr. G. D. Beebe on Dr. Brown's Paper.

Dr. Beebe deprecated the waiting for the key-note to appear, as the patient might die in the meantime. I prefer to place my dependence more upon the physiological interpretation of the action of drugs than upon these key-note symptoms which make their appearance with

the direct questioning of patients — symptoms obtained in this way are valueless.

In medicines we are dealing with nature's *force*, no matter what the potency, and this is the *curative* power.

Dr. Allen's remarks before New York County Society, read by secretary. The indications for colchicum in rheumatism are: Where the tendons are attacked, accompanied with excessive tenderness, loss of power, profuse sweat, nausea, thickly furred tongue; *disgust for food and the odor of cooking*; and with these symptoms colchicum will quickly relieve.

Remarks of Dr. Brown.

Certainty in prescribing single remedies correctly seems to depend more upon our knowledge of that symptom or symptoms peculiarly belonging only to each remedy. It has been found that any remedy when taken into the human body to mingle with the fourteen simple bodies which make up the human form, produce sensations and changes characteristic. To know accurately one or more of these symptoms proves the best guide to a needed prescription of the curative remedy.

Atomic combination of remedial substances in the living human body result in disease, phenomena or its cure. We are too often giving remedies without being certain the remedy is the best or most curative.

To avoid this empirical method of giving our remedies we are collecting single symptoms verified as characteristic of each well proven common remedy. A hand-book of these symptoms will be a great aid at the bed-side. I would give notice that I am preparing such a book.

Dr. Groom, of Chemung county, said his success had been too good with local means to now abandon their use.

Ars .iod topically had often caused the absorption of fungoid tumors, and injections of decoction of oak-bark had suppressed the hemorrhage in typhoid fever.

Dr. Gregg, in commenting upon Dr. Hills' paper said, he believed that serious results were as likely to follow the local treatment of ophthalmia as any other disease, and mentions a case of Egyptian ophthalmia, which, contrary to his advice, was treated with local applications, cauterization, scarification, etc. The relief to the eye was followed, as he predicted, by the removal of the disease to other localities. The throat became inflamed, the lungs congested, and in

process of time the thyroid gland so enlarged that an operation was performed, which was speedily followed by death. In another case he was called in the last stage of phthisis. The attack commenced in warm weather, without any previous catarrhal trouble, but followed speedily the relief of a severe ophthalmia from an eye-wash. He believed the disease was suppressed, not cured, and reappeared in the lungs. Several cases were cited in proof of his position that local treatment does not cure but drives the disease to some other organ. In discussing another point of Dr. Hills' paper, he believes that gonorrhœa is a constitutional disease, or becomes so by its suppression by local treatment. Several cases were cited in proof of this position. A literary gentleman came to him with marked symptons of disorganization of the lungs, great cough, purulent expectoration, night sweats, and great emaciation. This condition, he believed, was the result of a suppressed gonorrhœa. Under the influence of arsenicum, 8000, he was making a rapid recovery, when the gonorrhœa, without any apparent cause, was suddenly developed. Becoming impatient with the slow progress made by internal medication, and after a few weeks the patient again resorted to injections. This time it was driven to the anus and rectum, and a profuse purulent discharge was the result. This was suppressed by local treatment when the disease returned to the urethra, developing again active gonorrhœa, when it gradually disappeared. In a short time he became intemperate, and died in a couple of years demented. He fully believed the dementia was caused by suppressed gonorrhœa. Several other cases were cited in proof of the position that local treatment only drives the disease to other organs.

Discussion of Dr. Hills' Paper.

Dr. G. D. Beebe of Chicago, confirmed the evil effects of suppression of scalp eruptions by local application, by citing the results of inquiries made by a committee appointed by the Western Institute of Homœopathy several years ago. This inquiry was pushed into the institutions for feeble-minded children, and among these idiots, it was found that fully one-third if not one-half, were made candidates for these institutions by suppressing scalp eruptions, by topical applications.

He also spoke of the mischief done by local treatment of nasal catarrh—his observation being that, when the nasal douche, or catarrh snuffs, or medicated applications, were brought to bear on this disease to the arrest of secretion from the schneiderian membrane, there was

great liability to the development of laryngeal, tracheal or bronchial secretions, which, as we all know are much more difficult to control. He urged that these nasal medications be abandoned, and the cure be sought by the administration of the proper internal remedies; among these remedies he mentioned kali-carb,[30] as being of great value. He observed in that part of the paper devoted to the treatment of syphilis, no distinction was made between the soft and hard chancres, even in the language of those quoted in the paper. His own view was that the soft chancre is not followed by any constitutional symptoms, while in the case of the Hunterian or hard chancre, we have to deal with a developed constitutional disease of which this hard chancre is the first manifestation. The healing of this sore, he did not regard an evidence of cure, whether this should be accomplished by homœopathic or other remedies. He regarded constitutional syphilis, entirely curable and did not believe a constitution once diseased and radically cured, was liable to a second infection while the soft chancre might be contracted as often as exposure occurred. He cited infantile or hereditary syphilis, as a type not liable to be confused with drug symptoms — spoke of the rapid and permanent cures accomplished in these cases, and asked if the author of the paper could cite cases of this class cured by the high potencies.

When asked how he treated syphilis, Dr. Beebe, stated that he had some hesitation in giving his treatment, as it was somewhat crude, but it consisted principally in the administration of mercurious sol. dissolved in oleic acid, and applied to the cutaneous surface, a single small dose once each day, with occasional resort to other remedies as indicated.

Dr. Brown's Remarks on Syphilis.

Twenty-four years ago four cases of syphilis came under my observation, all of which came from one female about the same date. One of the four men had a Hunterian chancre, and the other three only had soft chancres. The patient who had the Hunterian chancre had been all his life the subject of scrofula. The three who had the soft chancres never had any signs of scrofula. Since that time I have made several similar observations. My opinion is that syphilis is not possessed of a dual nature, and only takes on one of the two forms under the presence or absence of scrofula in the subject before being exposed to the syphilitic poison. Some persons cannot be cured of syphilis, owing to previous disease of a scrofulous character. Others are very readily cured, on account of the absence of scrofulous disease.

Dr. Hills remarked that his paper did not intend to treat of the pathology or diagnostic differences in the various forms of syphilis, in respect to which there exists many opinions, the intention in mentioning the disease being simply to show the dangerous consequences of topical treatment. Prof. Boeck says that "syphilization is not the great remedial agent where the system has already been plied with mercury."

Dr. Couch inquired what remedies had been found most useful.

Dr. Hills replied that in syphilitic eruptions syphilinum internally had proven wonderfully successful. In other affections of syphilitic origin thuj., merc., hep., nit. ac., kali hyd., and other remedies operated to his satisfaction.

Dr. Couch asked the preparation of syphilinum used.

Dr. Hills answered that he had used exclusively Dr. Swan's.

Dr. Couch doubted their preparation and potency.

Dr. Hills said he did not claim that these potencies were what they purported to be in respect to degree, according to the Hahnemannian scale, but they should be represented always as just what they are — the potencies of Swan.

Dr. Kenyon had used Jenichens' 2,000th preparation of syphilinum in cases of thick, heavy syphilitic rash, three doses, three days apart, with rapid improvement, and in two months perfectly cured.

At the "Ingleside Home" we have many syphilitic patients, most of whom have been mercurialized.

The first syphilitic infection is generally quickly cured with nit. ac. or other indicated remedy, in the 200th to 2,000th potency. I have cured genuine Hunterian chancres *without* secondary symptoms appearing, but after mercurialization the case is very different.

Dr. Fiske said we all admit, as authority on this subject, the celebrated Riccord, and while he recognizes the hard and the soft chancre, still, he says he would not have *either*, himself, for the world.

The following, from the report of the Hahnemann Academy of Medicine, was presented by the secretary:

Syphilinum.

BY SAMUEL SWAN, M. D.

I have used this remedy several times in chancre of the throat. In one case coming under my care recently, with a *very bad* chancre, I gave syphilinum high, then waited seven days. After the third repetition the case was entirely cured. There has been no return, and that was some months since.

Dr. Piersons said: I had a baby in charge, who inherited syphilis from both parents, and whose skin, when it was about ten days old, was covered with syphilitic eruptions. I gave one dose of syph. 1^m, and in a week the skin was smooth; I had previously treated it with several remedies. I had also a young lady, who acknowledged a chancre. She came to me for her throat, complaining of *pricking in throat.* I gave nitric ac. 20^m, repeated at intervals, of one week. She was cured at the third visit.

Dr. A. K. Hills—I have used syph. in a number of cases, and have found it especially useful in skin diseases, getting perfectly satisfactory results from 1^m and the higher potencies.

Report of the Bureau of Clinical Medicine presented by the secretary and consisted of the following papers:

1. "Clinical Experience," by Dr. Ira Barrows.
2. "Clinical Experience with Symptoms which are New and Characteristic of some of the Remedies," by Dr. R. R. Gregg.
3. "Topical Application of Alcohol," by Dr. C. P. Alling.
4. "Condensed Clinical Report of the Homœopathic Medical Society of the County of New York," by the secretary.
5. "Condensed Clinical Report of the Hahnemann Academy of Medicine of New York," by Dr. Clara C. Plimpton.
6. "Zymosis" by Dr. J. M. Schley.
7. "Zymosis" by Dr. J. M. Miller.
8. "Report of an Autopsy in a case of Spinal Anæmia," by Dr. H. Amelia Wright.
9. "Clinical Cases" by Dr. L. B. Couch.
10. "Clinical Cases" by Dr. Wm. A. Hawley.
11. "Clinical Cases" by Dr. J. T. Greenleaf.

Afternoon Session.

Synopsis of Dr. Gregg's Paper.

Morbid singing—Arnica, 200.—The first case reported was one of Bright's disease of the kidneys with *morbid singing* and sleeplessness, the patient having sung night and day for eighteen days, and presenting the following symptoms: "Patient anasarcous, the legs, hips and abdomen being much bloated and œdematous, the external genitals enormously distended, pulse 120 and upwards, great debility, constipation, no appetite, profuse flow of nearly colorless urine, which under proper tests showed one-third albumen." Many remedies were tried without avail, until one dose of *arnica*, 200, was given with perfect relief.

Belladonna for a globular pulse.—"It passes under the finger like a globule, and as it is generally quite firm, that is, strikes the fingers quite firmly, simulates passing globules of mercury, and corresponds to Dunglison's *pulse, ardent,* one which seems to raise iself to a point, in order to strike the finger."

Illustrations were given in which the symptom had appeared in various diseases, including post-scarlatinal dropsy and organic heart disease.

Bryonia alb. for ulcerated mouth.—In this case the ulceration commenced on the under lip, and extended to the mouth. Pulse 120 to 130, and rapidly increasing debility. Bryon. 2000, one dose entirely cured.

In a case of post-scarlatinal albuminuria a similar, but more aggravated form of ulceration resulted, commencing on the under lip (simulating the condition produced by *arum tri*), and involving the whole buccal cavity. Pulse 130 and upward, and great exhaustion. Following the administration of one dose of bryon. 2000, the whole ulcerated surface discharged blood, with great amelioration of the symptoms, and a perfect cure, in a few days, with the single dose.

No local applications whatever were used in the above cases.

Merc. sol. for erratic pains.—The author had found merc. sol. superior to all others, including puls., in erratic pains. He had also found the symptom in patients with amalgam fillings in their teeth, or the red rubber plates in their mouths, which latter are composed of one-third in weight of the red sulphurets of mercury.

Many interesting cases are given in illustration, including organic diseases of the heart.

Phosphorus for fetid stools and flatus.—"It is exactly the kind of smell given off by lime that has been used at gas-works, to run the gas through to purify it of sulphur and other impurities. It is an odor not easily forgotten if once smelled, and it is very penetrating." Phosphor., 3000, is entirely sufficient in the hands of the author to effect cure, and generally only one dose.

Dr. Hills said he had often verified the globular pulse under bell., referred to by Dr. Gregg, and thought the illustration of "simulating the passage of globules of mercury," an excellent one. He had also experienced the suffering from amalgam fillings, as instanced in the paper, and was of the opinion that such material should not be put in the teeth.

Dr. Fiske stated that a dentist had experimented with mercury and

saliva, and found that none of the former was taken up by its contact with the latter.

Report of the Bureau of Obstetrics, presented by the secretary as follows:

1. "The treatment of Puerperal Albuminuria, with remarks upon the Advisability of the Induction of Premature Labor." By Wm. N. Guernsey, M. D. Published in October Times.

2. "Report of a case of Puerperal Albuminuria." By Clara C. Plimpton, M. D.

3. "Report of a case of Dystocia, from an Excrescence upon the Pubic Symphysis." By Clara C. Plimpton, M. D.

4. "Absence of the Uterus, with Vaginal Cul-de-sac, in an otherwise normally developed woman of twenty-five." By Clara C. Plimpton, M. D.

5. "On the Obstetric Forceps and their frequent use as Conservators." By A. M. Piersons, M. D.

Discussion on Dr. Guernsey's Paper in the New York County Society.

Dr. Burdick, had had some experience in convulsions, but they had occurred generally after labor had commenced. He at once uses chloroform, dilates the os as rapidly as possible and delivers with forceps, and has had no return of convulsions after delivery. He reported one fatal case, where it was impossible to dilate; convulsions were constant except while patient was under the influence of chloroform. In another case with no dilatation and violent convulsions, I succeded in obtaining enough dilatation after chloroform, to allow the introduction of forceps with difficulty; the mother recovered, although the child died of paralysis. In still another case, at the sixth month after delivery, there was peritonitis with mania yet final recovery, but the mother died of albuminuria with the next child.

Dr. McVickar, had listened with much pleasure to this paper and discussion. In the old times, he used to wait a long time for nature to do her own work, and the use of the forceps in the lying-in asylum, was a great event, there was not one death there during his service of three years. But the theory offered to justify, even make imperative — as I infer from Dr. Burdicks remarks — the operation of forcible dilatation of a rigid, undilated, and by ordinary gentle means undilatable os uteri, and the immediate use of the forceps he did not agree with. The rule of practice which favors immediate delivery, regarding the pressure of the contents of the uterus, as the prominent

excitant of the convulsions, hence removal of its contents, the prime means of relief, even at the price of forcible dilatation did not agree with his old-fashioned standpoint, nor did he allow that a clot of blood of only a few moments formation, consequently soft, could give rise to convulsions. He also questioned, whether convulsions in a woman, who happened to have œdema of the cellular tissue, with albumen in her urine, made convulsions so fatal a complication as to call for so hurried a delivery that serious opposing conditions were overlooked and remedial drugs were ignored or repudiated. Admitting the pathological condition of the brain as witnessed in fatal cases he asked whether it were not assumption to claim that the involuntary convulsive action of the voluntary muscles, did so aggravate the morbid condition of the brain, as to make delay dangerous. Some authorities have claimed, and with some show of reason, that convulsions are kindly designed by nature as salutary and for the relief of the morbid condition of the nervous centers which called them up, comparing the operation to the bringing in contact the positive and negative poles of an electrical jar, and then equalizing the electric fluid.

Dr. Guernsey agreed with Dr. Burdick, that a clot may produce convulsions, and so may a full bladder. He used to approve of hastening labor, but now he was in no hurry. He thought deep narcosis should be produced so that the whole nervous system be paralyzed, and thus prevent the pressure and œdema of the brain; and the narcosis should be kept up.

Dr. Danforth, asked if Dr. Burdick would deem it advisable to bring on premature labor in cases where there is an abundance of albumen present, but absence of nervous symptoms, viz., the headache, dimness of vision, epigastric pain, etc. Dr. Burdick, desired to make some corrections as his meaning seemed to be misunderstood. As soon as convulsions are dangerous to mother or child he employed forcible dilatation, but *only* when life is threatened. In his experience, convulsions stop with delivery; yet sometimes there are none during labor, but they come on afterwards. He too had sat seventy-two hours over a case and even longer, without interference, because there was no reason to, but when there is danger he does interfere.

Dr. Lilienthal, suggested that, as albuminuria was only one cause of puerperal convulsions, we should individualize every case and not take a one-sided view.

Dr. Burdick said we are all aware that some convulsions are hysteriform, and in such we have little to fear as to safety But in those

due to hydraemic condition, active measures should be resorted to. Violent convulsions almost certainly cause death, and we must not overlook the safety of the child, for if convulsions continue any great length of time, its death will ensue from the supply of oxygen being cut off.

Dr. Donovan's experience in such cases had been limited, but in one case during past year, at the seventh months gels. relieved the convulsions, but patient died soon after. Our pathological notions sometimes mislead us.

Remarks by Members of Kings County Homœopathic Medical Society at a meeting held October 3, 1876, after listening to the reading of Dr. W. N. Guernsey's paper on Puerperal Albuminaria, etc.

Dr. P. P. Wells — Cannot imagine how this question could arise in a practical mind. A theorist might ask such a question. I do not care to talk off-hand on the subject. There is no question but that if albumen be found in the urine the physician should be careful, and if he knows his business, he will correct it. If he does not, he will not better the prospects of his patient by inflicting a second trouble. There is no wisdom in that kind of artificial interference. It is quite another case when the œdema of the lower limbs is excessive, extending up to the vulva, the legs being enormously swollen, and if at the time for labor there occur convulsions instead of actual labor. If these convulsions be repeated, and continue in spite of medicine, and at last the pulse gives way, then artificial labor is not only warrantable, it is a duty. Will relate a case. A patient went to full term, and was delivered. Two or three convulsions occurred soon after labor. The patient remained in a comatose condition forty-eight hours, and emerged from this into a condition of violent puerperal insanity, from which, it has been said, by some, there can be no recovery. Dr. Dunham was called in consultation, and the patient very carefully treated for three weeks, when she became perfectly sane, and remains so to this day. She has since had two living children, and is in good health. She was never left unattended for fourteen days; the care being rewarded by her recovery. Only an insane man would resort to artificial labor simply because of the presence of albumen in the urine. It is not an uncommon thing to find albumen in the urine of pregnant women. Have known convulsions to occur also when there had been no previous signs of albumen or œdema, or any thing of the kind whatever. Had a case where convulsions without any premonitory signs whatever to lead to the

suspicion of convulsions. Patient was in her second pregnancy; she had an innate sense of approaching convulsions at the very inception of labor; she had them and died. Delivery was effected by turning; the child was unusually large; os was fully dilated, but labor did not progress beyond that point. I do not think much of the theorizing of the paper. Such talk comes from theorizing men, and not from practical men. One fact is worth a dozen theories.

Dr. E. T. Richardson — Have had several cases where there were albumen, œdema and convulsions, without the birth of the child; delivery afterwards brought about without the recurrence of convulsions. In some cases the convulsions have occurred after the birth of the child. Have had cases where the birth was brought about by artificial means, the convulsions in no degree being mitigated, and the patients died. Do not remember having a case when artificial delivery was followed by a *cessation* of convulsions.

Dr. P. P. Wells related the following case: A lady in her third pregnancy was delivered all right. Every thing seemed favorable. She seemed to be in good condition and spirits. The birth took place at 4 A. M.; was called out between one and two o'clock on the following morning; found her in convulsions, in which condition she had been for some time. The convulsions continued at shortened intervals and increasing severity. A consultation was held; the patient grew steadily worse, and falling into a collapsed condition, was thought to be dead. Thinking this to be very like the condition of collapse in cholera a few drops of camphor tincture were put in a glass of water and a teaspoonful dose administered to the patient. She soon began to breathe, continued to breathe, and is still breathing; her baby is now a widow! This was as bad as a case could be. The convulsions came on twenty-four hours after delivery, and without the slightest warning.

Dr. E. T. Richardson — In my experience, chloroform has been of but temporary benefit. It may palliate, but does not produce any decided benefit.

Dr. P. P. Wells — About twenty years ago was called to prescribe for a Jewess under peculiar circumstances. About four or five months previously she had given birth to a child, and during the progress of the labor was under the influence of chloroform for six hours. When I saw her she had intense headache; her sight was going, as well as senses of smell, hearing and touch. She was gradually becoming paralyzed in all her motions. This condition increased

until she became perfectly blind, perfectly deaf and perfectly dead! This occurred within four weeks from the time I first saw her.

Dr. W. S. Searle.—You do not attribute all that to the chloroform, do you?

Dr. Wells — Certainly.

Dr. Searle —Why do not the same symptoms occur in other cases?

Dr. Wells — That might be asked in all cases of cause and effect. I have known of seven cases of phthisis following the use of chloroform.

Dr. Searle — The argument "*post hoc ergo propter hoc*" ought not to be used in regard to the use of chloroform in labor in such cases. I have never heard of such a case before.

Dr. Wells — The doctor forgets that this process began at that point, and went on steadily. It is not a sole case. A lady in New York had deafness for over three years from the use of chloroform in labor. She never fully recovered. There have been other cases similar, though I have not known another case of general paralysis of sense and motion.

Dr. Perrine — We must assume that chloroform may be given without evil results, and *vice versa.* This point must be conceded.

Dr. S. S. Guy — I have no question about the statement of Dr. Wells. That might have been a case of poisoning by chloroform. The lady might have been in a condition to be thus influenced. But it is a far-fetched conclusion to say that this might happen in all cases. I have used chloroform more or less in confinement for twenty-five years — more frequently in my earlier practice than now. Have used it in probably 150 to 200 cases, and have repeated its use four or five times in the same patients; have rarely seen any serious consequences; have given it as long as ten hours, but very carefully, the patient being fully under its influence only during contractions. In these cases it has not been injurious. I will admit that in some cases it might be injurious, or even fatal. But this is not the rule, and the conclusion of Dr. Wells is not fair. My experience with chloroform in labor is that the time of labor is shortened; should judge about one-fifth. Have observed that the parts become relaxed, and that the labor is hastened.

Dr. Alice B. Campbell — Can speak of good effects of apis mel. in a case of convulsions; gave it in a case where kali brom. failed when given by the consulting physician. One dose of apis[30] was given,

followed by steady improvement of patient. The convulsions began fifteen minutes after delivery; the labor was preceded by albuminuria.

Dr. Helene S. Lassen — Have given chloroform in labor without any evil results; continued its use for eight hours in one case, though the patient was never under its complete influence.

Dr. Searle — I have had no experience particularly on the points raised in the paper; have been told by Dr. John F. Gray that he has had much success in the remedying of albuminuria and œdema, and in preventing convulsions consequent upon this condition by the use of *lemon juice* as a dietary article. Doctor Carnochan, of New York, became his firm friend, from the fact that his wife, who was in this condition, and threatened with convulsions, was entirely cured by the use of this simple measure, as suggested to him by Dr. Gray. It seems to be a very valuable dietary measure.

Discussion on Dr. Pierson's Paper in the New York County Society.

Dr. Joslin was taught to leave his forceps at home.

Dr. McVickar said he entered the lying-in-asylum in 1833, and during his three years there he never used forceps. He had used the forceps in late years, where the pains are severe enough, but inoperative, agonizing pains, but no progress; anterior lip is being constantly pushed back without avail. He considers opium a wonderful equalizer of muscular contraction; he gives grain doses, repeated every hour; he would not use the old forceps except in the greatest emergency, but the modern are better; he did not approve the modern heroic treatment of women; women have suffered more from the impertinence of art than any other cause.

Dr. McMurray had been rather fond of using the forceps, although he commenced practice without them. He thought it a matter of judgment entirely, and agreed with the paper in that respect. When in the superior strait he did not take the safety of the child into account; nor did he think the simple question of hours to be regarded, but the condition of the patient. He believed they should be promptly used in a case of albuminuria; he made no doubt that they had been abominably abused. In the delivery of a dead or living child consult the safety of the mother, and avoid, if possible, rupture of the perineum, and use the perforator when necessary.

Dr. Burdick formerly left his forceps at home. Now, never go without them, although I rarely use them; yet, never hesitate, whenever necessary. When are they required? When there is not sufficient strength, which is manifested in various ways, viz.: arrest of

progress; where contractive powers are good there is no or little obstruction, yet strength of mother is failing. In reference to saving life I think both are equally important. It is not easy to detect the foetal heart beat always; sometimes it is very difficult. I am cautious about using the perforator, and never desire to do so again.

Dr. McMurray asked what was his choice in saving life?

Dr. Burdick — The *mother*, by all means. Do not allow the mother to endure hours of suffering which you may spare her.

He did not agree with the paper in the mode of using the forceps; it is not in accordance with nature; is attended with great danger, and hardly possible to apply them over the foot-board. You may do so if at the inferior strait, but at the superior strait the patient should be placed across the bed, with the nates at the edge, and then you can imitate nature exactly.

Defects in forceps are chiefly injurious to the mother by distention of the vulva. Great force may be used and still the child live. Recovery is just as rapid, if not more so, where forceps are used, and lacerations are no more common.

Dr. Bacon inquired how Dr. Piersons held his patient in place when forceps are applied over the foot-board?

Dr. Piersons — Just the same as in any other position.

Dr. Joslin had never seen rupture of perineum from forceps, and did not agree with Dr. McMurray; thought we had no right absolutely to take life; the Cæsarian section may be resorted to.

Dr. Burdick said forceps will save the life of the child where there is pressure upon the funis or breech presentation. He gave a case in point where he saved the child's life by having his forceps *with him.*

Dr. Couch remarked, that Dr. Plimpton says the sp. gr. of the urine was 1018 and that it was half albumen. I wish to inquire if the high sp. gr. is not uncommon with such an amount of albumen and especially if the albumen proceeds from disease of the cortical substance of the kidneys. I have found that in all cases of renal degeneration, with albuminuria, the sp. gr. is low and the reaction almost neutral. The reason is obvious — the inorganic substances fail to be secreted through the diseased vessels.

It seems to me that the specific gr. is the first thing to be considered when, in cases of albuminuria, the question of abortion is raised for it will almost certainly decide whether the morbid secretion is the result of pressure upon the renal vessels or organic disease.

Dr. Hills remarked that he thought physicians were not generally

in the habit of noting the sp. gr. of urine suspected of albumen. In the case reported by Dr. Plimpton the sp. gr. seems to have been normal. In ophthalmic practice many cases of albuminuria are first recognized by aid of the ophthalmoscope, as some patients only commence to complain when diminished power of vision overtakes them. Fortunately, the great tendency in these cases is, to abort, and for myself, I wish every one might miscarry at an early stage of the disease, as many do. In the cases I have seen go on to full term, however, the convulsions have ceased with the termination of labor, and bell. has proven a wonderful aid in some cases, in ameliorating the eclamptic attacks, and hastening dilatation of the os and hence delivery.

Dr. Couch said that he thought "Smut tea" was the cause of death to the child, in the case reported by Dr. Plimpton.

The Bureau of Surgery reported through Dr. W. M. L. Fiske, the following papers:

1. "Talipes and its Varieties — Periostosteitis," by T. Dwight Stow, M. D., chairman of the bureau.

2. "Fracture of the Neck of the Scapula," by Frank M. Earle, M. D., of the house staff Homœopathic Hospital, Ward's Island.

A communication in relation to the prescribing of liquor was next read by Dr. L. M. Kenyon, as follows:

To the President and Members of the State Homœopathic Medical Society:

GENTLEMEN.— We take the liberty, as representatives from the Woman's Christian Temperance Union of the State of New York, to call your attention to the medical use of alcohol, and its relation to the prevalence of that fearful scourge intemperance. When the nature and effects of alcohol was better known, it was thought invaluable as a medicine; but the light of scientific investigations has challenged its claims and denied its value. You have made the study of the physical nature of man a life work, and you are the trusted advisers of the people in the treatment of disease and preservation of life and health. You are in a position, then, to interest and warn the masses in regard to the use of liquor, either as a medicine or as a beverage.

As temperance women we feel called upon to ask you, our homœopathic physicians, to aid in the suppression of intemperance, by officially giving no recognition to the use of liquor as a beverage or stimulant. Grave responsibilities rest upon the physicians of to-day. Our women all over the land feel that the prescriptions of physicians when liquor is recommended, are injurious to the body and destroy the soul; and in behalf of 100,000 women, we earnestly ask that you

will carefully consider the question, search out facts and forever banish liquor as a beverage or stimulant from your prescriptions.

Respectfully.

MRS. DR. L. M. KENYON, *Ch'rman, Buffalo,*
MRS. A. M. GOLDING, *Ilion,*
MRS. DR. P. STRYKER, *Saratoga Springs,*
MRS. MARY C. JOHNSON, *Brooklyn,*
MRS. J. ESMOND, *Syracuse,*

Committee to visit Medical, Religious and other Convened Bodies and present our views.

On motion of Dr. Couch this communication was received, placed on file, and the secretary instructed to inform the signers that legislative action had been taken on the subject, presented by the National Association, and that the State Society also indorsed the same.

Report of the Bureau of Gynæcology.

BY FRANK L. VINCENT, M. D., CHAIRMAN.

1. "Sub-involution of the Womb," by Dr. Frank L. Vincent.
2. "Endo-Cervicitis," by Dr. W. M. L. Fiske.
3. Synopsis of a paper read before New York County Society, on "The Indications for Abdominal Hysterotomy in Fibroid Tumors of the Uterus," by Dr. John C. Minor.
4. "Laceration of the Perineum, with Recto-vaginal Fissure," by Dr. G. D. Beebe, honorary member.

Synopsis of Dr. Minor's Paper.

The subject of the paper was "The Indications for Abdominal Hysterotomy in Fibroid Tumors of the Uterus." The tumors considered included all non-malignant growths of the uterus which attain such a large size that they cannot be removed by the vaginal method. They may be fibroid or fibro-cystic, interstitial or peri-uterine, but must be of sufficient volume to make a notable abdominal protuberance.

These tumors were divided into two classes, distinguished by marked clinical symptoms. The first class is of slow growth, gives rise to very serious complications, but rarely kills. It usually presents three successive phases of history. 1st. A period of growth. 2d. A period in which the tumor attains its greatest size and the maximum of severity in its symptoms. 3d. A period usually corresponding with the meno-pause, when the symptoms subside and the tumor undergoes atrophy. No operation is warranted in such cases.

The second class is distinguished from the preceding by its rapid growth and inevitable fatality. It is as rapid as ovarian cysts in its

development, and corresponds to them in all the features of its history. Having the same course, it has also the same termination as ovarian tumors. Like them its maturity is rapid, and the patient does not usually survive longer than two years from the time when the symptoms and size have attained their maximum. The same prognosis authorizes similar treatment, and the tumors of this class are legitimate subjects for abdominal hysterotomy. The paper closed with a review of the peculiar features which distinguish hysterotomy from ovariotomy, and included a summary of all the cases published since 1842 — 119 cases in all, with seventy-seven deaths, a mortality of sixty-four per cent.

Dr. Bacon — Is it usual, in this operation, to establish drainage through the vagina, so as to afford an escape for purulent matter?

Ans. Yes; the same rules apply to hysterotomy as to ovariotomy. Drainage through the posterior vaginal cul-de-sac is advised by most of the recent operators.

Dr. G. D. Beebe, of Chicago, one of the honorary members of the Society, presented a report upon the "Surgical Remedies for Prolapse, involving the Uterus, Vagina, Bladder or Rectum."

This paper was thoroughly practical, dealing with cases drawn from the private practice of the writer, which were grouped into four classes:

1. Those where, by partial or complete laceration of the perineum, the floor of the vagina was destroyed, and a partial prolapse of the uterus had occurred, attended by severe reflex disturbances.

2. Those in which the same accident had given rise to complete procedentia of the uterus and bladder.

3. Those wherein cystocele had developed as a complication of prolonged uterine disease; and

4. Those presenting only a rectocele consequent upon abnormal labor.

The paper was profusely illustrated with drawings indicating the pathology and surgical remedies for each class of cases.

The presentation of the report of the Bureau of Psychology was made by H. R. Stiles, M. D., chairman, consisting of the following papers:

1. "Report of Three Cases of Uterine Disease Treated at the New York State Homœopathic Asylum for Insane at Middletown, by Miss Georgiana Horton, with Prefatory Remarks by Henry R. Stiles, M. D., Medical Superintendent."

2. "Natural Psychology," by Dr. D. A. Gorton.

3. "Defects in the Present System of Caring for the Insane," by Dr. Samuel Worcester, honorary member.

4. "Essay on Dementia Paralytica," by Dr. S. Lilienthal.

5. "Homœopathic Theraputics of Insanity," by Dr. W. M. Butler.

Dr. Beebe asked if phosphor. tended to restore the brain substance?

Dr. Stiles answered that clinical experience did not indicate such an effect.

Dr. Couch asked what results had been obtained from the use of cimicifuga?

Dr. Stiles answered, negative, except in one case now under treatment, which seems to be improving through its influences.

Statistical Report of the New York State Homœopathic Asylum for Insane, from April, 1874, to October 1, 1876.

BY HENRY R. STILES, M. D., MEDICAL SUPERINTENDENT.

Synopsis from Buffalo Daily Courier.

During the period indicated above, 261 patients were received. Of this number 131 were private and 128 at county charge; 122 were males and 139 females. Of the total number one-third were natives of this State. With reference to the forms of disease presented in the aggregate of cases, sixteen were cases of dementia, nine of epilepsy, eight of hysteria, six of hypochondria, 126 of mania, and eighty-two of melancholia. In their different phases there were three of monomania, nine of paralysis and paresis, one softening of the brain, while one was adjudged to be *not insane.* Homicidal tendencies were manifested by four males and three females; two males and two females made homicidal attempts; suicidal tendencies were shown by fifty-two patients, thirty-four of whom were females; attempts at suicide were made by thirty-six patients, of whom twenty-five were females, and only one inmate of the asylum succeeded at self-destruction. Of the patients under treatment for a period of twenty-nine months, seventy-six (thirty-two of whom were females) were discharged as cured, twenty-five (fifteen of whom were females) as improved, forty-nine (twenty-eight of whom were females) as unimproved, and twenty-six (eleven of whom were females) died, thus giving per centages of treatment of twenty-nine and one-half cured, nine and five-ninths improved, eighteen and five-sevenths unimproved, and ten deceased. The amount of per centage on unimproved patients might seem large, but in that connection it should be

borne in mind that fifty-four of the total 261 were acknowledged chronic (*i. e.* had been insane over one year) when admitted to the institution. Deducting the fifty-four from the total number treated, gives in reality, in the acute (and presumably curable) cases a percentage of thirty-six and nine-thirteenths cures, of twelve and one-third as improved, twenty-three and two-thirds unimproved, and of twelve and one-half deceased. Of the forty-nine unimproved, twenty-five were transferred either to the Chronic Insane Asylum at Goshen, or to the larger depot for chronics at the Willard Asylum on Seneca lake. Of the total number of deaths nine died from acute mania, one from puerperal mania, two from general paresis, two from cerebral paresis, one from paralysis, one from softening of the brain, two from epilepsy, seven from melancholia, and one from suicide. By a process of education, etc., among the attendants, the amount of restraint and coercive government was so materially reduced among the patients that its use has become necessary only in extreme cases. Only little work is obtained from female patients, owing to their mental and physical difficulties; but in the male department the average of patients at work daily was over one-half, and of their own volition. The report further treats of the good effects produced by the amusements given to the patients to break the monotony of confiement, in the way of dances, open-air rides to the woods, receptions and games of every description. The old idea of absolute and continual separation of the sexes has been abolished, with beneficial results following in the wake of regulated association. Female patients are given the enjoyment of the same advantages of having their peculiar ills properly treated as those who are outside asylum walls. The plan of having them examined and locally treated by a practically educated woman of tact and kindly address, has been tried with good effect, and she being constantly with the patients gains their confidence and easily overcomes their prejudices. Since January 1, 1876, this lady made, in an average of fifty female patients, over eight hundred examinations and local treatments, and thus enabled the superintendent to fix a precision to his medication, which contributed in a very marked degree to the cure of those under her charge. The "Blue Sun-Ray" had been experimented with upon some cases, but not with sufficient results as yet to permit the giving of an opinion as to its value. Microscopic and *post mortem* examinations were not indulged in, from the simple want of conveniences.

EVENING SESSION.

Report of the Bureau of Ophthalmology, presented by Dr. Hills, as follows:

1. "The Operative Treatment of Strabismus Convergens," by Geo. S. Norton, M. D., chairman of the bureau.

2. "Progressive Near-Sightedness," by Dr. C. T. Liebold.

3. "Iritis," by Dr. W. P. Fowler.

4. "A case of Hypermetropia Absolutem et Strabismus Convergens Periodica," by Dr. F. H. Boynton.

Progressive Near-Sightedness.

BY C. TH. LIEBOLD, M. D.

The object of this paper is to collect statistics about this point. That the fact exists, that near-sightedness progresses in the individual and in the number of individuals — especially in the young — is perfectly well known to those who have paid any attention to it. I would like to call the attention and co-operation of every member of this Society to it, especially of those who are the medical advisers of the inmates of educational establishments. But in order to know whether near-sightedness is progressive, it is necessary to examine the eyes at repeated intervals — say at the beginning and closing of each term, or at least once or twice a year. It is further necessary, in order to make the statistics generally available, that they be conducted after a certain prearranged plan, adopted by all who conduct such examinations. In order not to frighten any colleague from participating in the undertaking as being not particularly in his line, allow me to say that the work is not so difficult for any educated physician as it may appear at first sight. This will be plain when reading carefully the respective chapters in "Angell's Diseases of the Eye," fourth edition. And in some cases the help of a younger member of the profession may be secured. I invite the members who feel inclined to assist in this work to correspond with me, to give me their thoughts, opinions and advice.

First, we have to design blanks which contain all the points necessary to be inquired after, and these we could definitely adopt in the next meeting, where I hope to be able to present a more detailed and fuller report on this important question. It is certainly to the credit of the average American citizen not to be shy of new inventions and examinations, and it will certainly not be to the detriment of educational institutions and their medical advisers to look at the welfare of the eyes of their pupils.

Dr. Beebe thought that Dr. Norton laid too much stress upon the suture. Little practice in the performance of the operation will enable one to judge as to the division of tissue, and slight divergence should not be feared. He was not so sanguine as the author of the paper, that *all* cases of strabismus could be remedied, and was very cautious in promising results.

Dr. Alling inquired if it were possible in all cases to make strabismic eyes *appear* straight?

Dr. Beebe thought not.

Dr. Hills said he thought there were many cases in which the degree of amblyopia was so excessive that it would be impossible to remedy the squint. This may be caused either from want of use of an organ, or from opacities in the media. He was of the opinion that the use of the amblyopic eye to the exclusion of the other, thereby increasing the power of vision before operation, tended to increase the chances of success in the operation, and instanced cases in proof thereof.

Remarks on Dr. Fowler's Paper on Iritis.

BY GEO. S. NORTON, M. D.

There are only a few remarks I desire to make upon this excellent paper by Dr. Fowler, and these will be confined to the treatment.

In the use of atropine I fully agree with Dr. F., that it should be used early and often, until the pupil is widely dilated, and then kept so, though exceptional cases may arise in which its use is injurious, as when the pupil is excluded or occluded, though it may be useful in these cases in diminishing intra-ocular tension. We also, rarely it is true, find patients so sensitive to the drug that its use must be discontinued. Thus, we might mention other exceptions, though the general rule given above will hold good.

Another point upon which we would lay greater stress than does Dr. F. is *warmth.* We consider this a very important aid in the treatment, and always advise covering the eye and corresponding side of the head with a thick pad of cotton, or the like. Great relief from pain is often obtained by the use of hot applications, and we prefer dry warmth from cotton, salt bags, etc., as the degree of heat can be kept more equal than when moist warmth is employed.

In addition to the remedies described by Dr. F. the following have also proved very serviceable in many cases.

Cedron.—Iritis, associated with *severe supra orbital neuralgia,*

shooting along the course of this nerve from its exit at the supra orbital foramen.

Cinnabar. — Iritis with *pain over the eye extending from the internal canthus* to the external or around the eye. Condyloma on iris.

Chin. mur. — The muriate of quinine in appreciable doses will often control the pains of iritis, if *very severe and periodic in character*, especially if associated with chills, etc.

Spigelia. — A very valuable remedy when the pains are *severe, sharp and shooting* in character *through the eye* and back into the head; are often periodic, and may radiate in every direction from one point.

Terebinth. — Often of service in iritis, especially if complicated with urinary symptoms.

Mercury, as has been mentioned, is our most important internal remedy, though we consider merc. corr. the most commonly indicated and most useful of any of the preparations.

The above remedies, with characteristic indications, are the most important which I wish to add to those given by Dr. Fowler, though there are many others which have proved useful, as can be seen by reference to the work on "Ophthalmic Therapeutics," by Dr. Allen and myself.

The report of the Bureau of Laryngology was presented by the secretary, and consisted of the following papers:

1. "Laryngoscopy: History of the Invention." By E. J. Whitney, M. D., chairman of the bureau.
2. "Diphtheria." By Dr. J. A. Terry.
3. "Laryngeal Phthisis." By Dr. Clarence E. Beebe.

The report of the Bureau of Histology, presented by the secretary, consisted of a paper on "The Development and Nutrition of the Teeth." By W. Irving Thayer, D. D. S.

Dr. H. M. Paine submitted to the Society, through the chairman of the Bureau of Climatology, the plan adopted by the Albany County Society, with reports illustrative of the same, from several counties, the blanks being methodically and carefully arranged to enable a large number of reports to be systematically prepared in accordance with prevailing diseases and their relation to other influences.

Upon motion the matter was referred to the Bureau of Climatology, to be further referred, according to their discretion, to the committee on legislation.

The Bureau of Climatology state that sanitary science can be

published with almost the same precision as any other. They propose three factors in the investigation of the subject. I. The sanitary condition of the surface. II. The meteorological changes. III. Annual mortuary reports. To get the first they propose to make a sanitary chart of the State by means of answers to circulars sent to leading physicians in every part of the State. The quarterly report of the United States Signal Service will give us the second, and the practical working of the registration act, passed at the last session of the Legislature, will give us the *third.*

The Buffalo Courier says: "It is well to state that this has been regarded by all in attendance as one of the most interesting semi-annual conventions yet held by the Society, and, according to those who participated in the proceedings, many beneficial advantages in attaining knowledge of the various modes of treatment employed for the cure of 'the many ills that flesh is heir to,' and the results attending the same. The contributions of papers in the several bureaus have been in excess of past meetings, and all possessing unusually great value in the information presented."

Adjourned.

ALFRED K. HILLS, M. D.,
Rec. Secretary.

III.

Proceedings of the Twenty-sixth Annual Meeting, held in Albany, February 13 and 14, 1876.

The twenty-sixth annual meeting of the Homœopathic Medical Society, of the State of New York, was held in the common council chamber, Albany, commencing at ten A. M., February 13, 1877, the president, Dr. T. F. Allen, of New York, in the chair.

The president appointed Drs. Hollett, Wright and T. F. Smith, a committee on audit; Drs. Hasbrouck and E. D. Jones, on credentials; Drs. Fiske and Stiles, on invitations.

The minutes of the last annual and semi-annual meetings were then read by the secretary and approved by the Society.

The report of the treasurer was read and referred to the auditing committee, and was as follows:

Frank L. Vincent, treasurer, in account with Homœopathic Medical Society of the State of New York:

DR.

To cash in treasury, February 11, 1876	$116 50
cash collections 1876, 1877	715 00
	$831 50

CR.

By cash paid Janitor	$10 00
balance due secretary, 1876	170 00
work on Vol. II., Trans	75 00
treasurer's expenses	21 45
Troy Whig, printing	59 60
expenses, E. Hasbrouck	11 09
expenses Secretary Hills	142 15
salary Secretary Hills	250 00
balance in treasury	92 21
	$831 50

Dr. Hollett, chairman of the auditing committee, reported the accounts of the treasurer correct.

Nominations to permanent membership:

First district, Drs. C. E. Blumenthal and C. Th. Liebold. Second district, Dr. J. B. Elliott. Third district, Drs. G. A. Cox and C. E. Jones. Fourth district, Dr. C. E. Low. Seventh district, Dr. N. B. Covert.

The resignation of Dr. E. B. Holmes was received and accepted. The resignations of Drs. H. Sayles and B. B. Schenck were laid upon the table, and these gentlemen requested to continue their membership, without paying further dues to the Society.

Upon motion it was voted to remit the dues of Drs. F. W. Hunt, Wm. Wright and I. S. P. Lord, and they were exonerated from further dues.

The following gentlemen were elected to permanent membership:

First district, Drs. Alex. Berghaus and F. E. Doughty. Second district, Drs. Harrison Willis and Charles M. Lawrence. Fourth district, Drs. C. J. Farley and Peter H. Hulst. Fifth district, Dr. W. C. Doane. Eighth district, Dr. A. C. Hoxsie.

The following resolution was adopted:

Resolved, That the secretary be hereby requested to exclude from the Transactions of the Society, when printed, the entire record of the proceedings of the last annual meeting having reference to the charges against Dr. H. M. Paine.

The following resolution was unanimously adopted:

Resolved, That the sum of $100 be paid to Messrs. Weed, Parsons & Co., on account of volume I, Society Transactions.

The executive committee reported, under a resolution of the Society of last year, as the amount due from delinquent members and societies, the sum of $624, and nearly $200 from subscribers to volume I, Transactions, the latter amount being sufficient to liquidate the indebtedness upon the same. The names of delinquents to be published in next volume of Transactions.

The following resolution was unanimously adopted:

Resolved, That copies of the Transactions volume XI (N. S., 1) be forwarded with the subscriptions to the subscribers by express, C. O. D.

Dr. Vincent stated that county societies were bound only by courtesy to pay the dues of its delegates, and there were many instances of disgraceful evasion in respect to this matter. The law does enable

us, however, to collect the dues of the delegates individually, but justice demands that the respective county organizations should assume the dues of their representatives. I would like to inquire whether a practising physician can withdraw from membership in a county society?

The secretary stated that he could not, according to the laws of the commonwealth, withdraw from membership, and still continue to practice his profession.

In the order of business, next came the consideration of the proposed change in the constitution, changing the time of holding the annual meeting from February to October, notice of which was given at the last annual meeting.

After considerable discussion the matter was indefinitely laid upon the table.

Dr. Hasbrouck of the committee on organization, etc., of county societies, made a report in which he stated that the establishment of many of them was of doubtful legality, and were entirely without foundation. The report was accepted, and Dr. Hasbrouck reappointed as a committee of one to continue investigations and advise the means for proper reorganization of those found defective.

Upon motion it was voted to refer the publication of volume III, Transactions, to a committee of three, and Drs. Hills, Blumenthal and Fiske were thus appointed.

Upon motion it was voted that the volume of Transactions, now in preparation, be numbered thirteen, and hereafter the volumes be numbered consecutively, and that the secretary also have placed on the back, the number of the "*new series.*"

Upon motion it was voted that this Society most respectfully petition the proper authorities for the publication of 5,000 copies of the catalogue of the "National Medical Library" as early as possible.

Adjourned until 2 P. M.

AFTERNOON SESSION.

Dr. Henry M. Smith, read a paper on Pharmacology, and was elected chairman of this department for the ensuing year.

Clinical Medicine.

Dr. E. Hasbrouck read a most elaborate and exhaustive paper on "Yellow Fever," by D. K. Mandeville, M. D.

Dr. T. L. Brown, read a paper entitled, "How can we be Certain of the Best Remedy in a Given Case?"

Dr. T. Franklin Smith, one on "Sepia and Macrotin in Congestion of the Uterus."

Dr. W. C. Doane, on "The Pathological Action of Aconite."

Dr. H. V. Miller on "Aconite an exceptional remedy in typhus and typhoid fevers."

The secretary read "Clinical Cases," and a paper on "Gelseminum in Remitting Fever of children," by Dr. J. A. Terry, and one on the "Successful treatment of Scrofulous Tumors," by Dr. Amandus Schroeder.

Dr. T. L. Brown, reported a case in which there was constant nausea relieved by lemon-juice, other remedies failing.

Dr. Joel D. Madden spoke of the use of sulphate of copper in convulsions of children, dependent upon "cerebral tubercular degeneration."

Dr. T. L. Brown spoke of the increasing custom in the "old school" of substituting aconite for blood-letting.

Dr. W. C. Doane was elected chairman of the bureau for the ensuing year.

The president announced that the board of trustees of the Asylum for the Insane, at Middletown, had requested the appointment of a visiting committee, and the nomination of a medical superintendent.

Upon motion it was voted, "that in accordance with the request, a committee be appointed to visit the asylum, make an investigation, and report as to the same," and Drs. B. F. Joslin, W. M. L. Fiske, A. R. Wright, C. M. Lawrence, and Ira S. Bradner, were appointed.

Considerable discussion ensued as to the composition of the board of trustees, the medical and financial conduct of the institution, and the management of the asylum in general.

Dr. Bradner explained that the difficulty was not so much with the medical management as with the business affairs.

One of the trustees would like to run things to suit himself. It was not that they were dissatisfied with the management of the superintendent, but with its financial affairs. I do not think this Society ought to back down and say that Dr. Stiles was to blame, and nominate another man to the position of medical superintendent. I think *he* is the man suited to this place, and should be reinstated.

Dr. H. V. Miller was in favor of going to the bottom of this matter, and recommending to the Governor *known* homœopathists for trustees.

Dr. Watson was in favor of Dr. Stiles, doubted the advisability of his nomination, but was of the opinion that *some* one should be nominated as medical superintendent, in accordance with the request.

Dr. Ira S. Bradner — We believe Dr. Stiles to be the best man for the position in our ranks, and let us give the trustees so to understand.

Dr. W. C. Doane said, if Dr. Stiles can be appointed, let us nominate him, and if this Society does nominate, we shall then see whether the trustees are acting in good faith, in asking us to do so, by confirming our nominee.

Dr. H. V. Miller — If this Society nominates some man wanted by the trustees, they will confirm, but *not* otherwise, hence where is the honor in their request.

Upon motion, Drs. A. P. Hollet, W. C. Doane and H. V. Miller were appointed a committee to investigate the matter, and report to-morrow.

The following resolutions were adopted:

Resolved, That we, the permanent and delegate members of this Society, representing the Homœopathic School in the State, do hereby indorse the general provisions presented in the bill to the Legislature by the Hon. William Gulick, entitled "*An act to create a State Board of Health for the protection of life and Health, and to prevent the spread of disease in the State of New York*," and known as Assembly Bill No. 31.

Resolved, That we consider its provision for the organization of said board, fair and equitable, and not calculated to give one school of medicine any advantage over the other, and thus establish a "State Medicine," which we deprecate. This, we consider is to be effected by selecting the larger part of the members, as is provided in this bill, from among the State officers, or from laymen outside of the medical profession, and the physicians on the board to be appointed equally by the regularly incorporated State Medical Societies.

Resolved, That the officers of this Society are hereby instructed to transmit to the members of the State Legislature the above expression of the sentiment of this Society.

EVENING SESSION.

Report of the Bureau of Materia Medica.

Dr. T. L. Brown read a paper on "Protogon," and he had prescribed the remedy in some cases of nervous prostration with good results, and had proved the drug to some extent upon himself.

Dr. W. C. Doane referred to several cases of phthisis pulmonalis cured with lachesis, and said it was through the influence of this drug that he became a homœopathist.

Dr. H. V. Miller was elected chairman of this bureau for the ensuing year.

Report of the Bureau of Obstetrics.

DR. E. HASBROUCK, CHAIRMAN,

who read the following papers; "Amniotic Fluid in Labor," by Dr. Henry M. Lewis, and "The Obstetric Bandage," compiled by the chairman, including papers by Drs. P. P. Wells and Henry Minton, with discussion upon the same in the Kings County Society.

Dr. T. Franklin Smith had found no benefit from the use of the bandage, and patients would not insist upon its use if they were assured of no danger to their forms without it.

Dr. Fiske — The paper on "Amniotic Fluid, etc.," certainly brings to mind the fact that *dry labors are slow.* I think the grounds taken by the author of the paper quite tenable, in the fact that the uterus in a dry labor contracts upon an irregular mass, instead of an ovoid body, as when filled with amniotic fluid.

Dr. Henry Minton was elected chairman of the Bureau of Obstetrics for the ensuing year.

Reports of the Bureau of Mental and Nervous Diseases, presented by Dr. Henry R. Stiles, chairman, consisted of a paper which was read, entitled "An Introduction to the Study of the Nervous System," by Dr. C. W. Boyce.

Dr. Henry R. Stiles was elected Chairman of the Bureau of Mental and Nervous Diseases for the ensuing year.

Dr. T. L. Brown, of the Bureau of Vaccination, read a paper on "Some Avoidable Evils of Vaccination."

The president asked what part of the lower extremity is found best in vaccination?

Dr. Henry Minton answered, just below the knee.

Dr. T. L. Brown thought vaccination should be practised in cold weather.

Dr. H. L. Waldo said the Germans insisted upon being vaccinated only in the month of May.

Dr. Fiske said that infants suffered more from teething during cold weather, and were liable to suffer from exposure if vaccinated at this time.

Dr. T. L. Brown would only vaccinate when the patient was free from other diseases, and *not* teething.

Dr. Fiske stated that the vaccinations do not take readily this year, and out of twelve dollars worth of virus, there came but *one* successful case.

Dr. Minton's experience coincided.

Dr. Fiske — When we had the epidemic there was no trouble in vaccination taking.

Dr. Madden said only a small per centage of vaccinations took in Harlem.

Dr. T. L. Brown was elected chairman of the Bureau of Vaccination for the ensuing year.

Dr. T. L. Brown said that simple bodies, such as sulphur, phosphorus, etc., constituted our best remedies.

Wednesday — Morning Session.

Report of the committee on credentials, as follows:

Drs. H. L. Waldo, N. Hunting, J. F. McKown, J. W. Cox, J. J. Peckham, W. H. Van Derzee, C. E. Jones, E. B. Graham, S. H. Carroll, L. M. Pratt, E. D. Jones, H. M. Paine, T. L. Brown, Geo. F. Hand, M. J. Lincoln, A. F. Ward, C. P. Cook, A. R. Wright, W. M. L. Fiske, H. Minton, E. Hasbrouck, E. H. Eisenbrey, J. V. Riggs, T. Franklin Smith, Joel D. Madden, Henry M. Smith, J. P. Ermentraut, Thomas Wildes, Hamilton Rickaby, J. B. Gilbert, T. F. Allen, Alfred K. Hills, Wm. H. Watson, M. O. Terry, B. B. Schenck, Wm. C. Doane, H. V. Miller, A. H. Marks, Ira S. Bradner, H. R. Stiles, C. M. Lawrence, F. L. Vincent, E. S. Coburn, A. B. Conger, R. E. Belding, C. H. Carpenter, H. D. Brown, S. P. Pearsall, A. P. Hollett, Wm. Gulick, A. W. Holden, L. A. Clark, Conn. State Society; Dr. G. H. Wilson.

Election of Officers.

President — Dr. Egbert Guernsey, of New York.
First Vice-President — Dr. William Gulick, Watkins.
Second Vice-President — Dr. Henry R. Stiles, Middletown.
Third Vice-President — Dr. H. D. Brown, Potsdam.
Recording Secretary — Dr. Alfred K. Hills, New York.
Corresponding Secretary — Dr. H. L. Waldo, West Troy.
Treasurer — Dr. E. S. Coburn, Troy.

Censors.

Northern District.

Drs. Pearsall, Clark and Little.

Southern District.

Drs. Fiske, Whitney and Sumner.

Middle District.

Drs. Terry, Hollett and Watson.

Western District.

Drs. Kenyon, Bryan and R. S. Bishop.

COMMITTEE ON LEGISLATION.

Drs. L. M. Pratt, Wm. Gulick, H. M. Paine, A. P. Hollett, and J. B. Gilbert.

COMMITTEE ON INSTITUTIONS.

Drs. Blumenthal, Holden and Hills.

The following resolution was unanimously adopted:

Whereas, This Society has heard with deep regret of the resignation of Dr. H. R. Stiles, the distinguished Medical Superintendent of the New York State Homœopathic Asylum for the Insane.

Resolved, That this Society hereby desires to express to Dr. Stiles its high appreciation of his skill as a physician, his faithfulness to the interests of the asylum while under his charge, and his high character and courtesy as a man.

Nominations for the regent's degree, as follows: Drs. Carroll Dunham, H. V. Miller, Wm. H. Watson and Wm. Gulick.

Dr. Thomas Skinner, of Liverpool, Eng., was nominated to honorary membership.

Upon motion the dues of the old society of Washington and Warren counties were remitted.

Upon motion the records of the last annual meeting were amended, nominating Drs. C. J. Farley and Peter H. Hulst to permanent membership, and they were duly elected.

Upon motion the secretary was authorized to print 500 copies of the resolution regarding health bill, and send a copy to each member of the Legislature.

Upon motion the minutes of last year were amended, and Dr. C. M. Lawrence elected permanent member of the Society.

Upon motion it was voted to hold the semi-annual meeting on the second Tuesday of October at Utica.

The secretary reported, by title, the following papers from the Bureau of Otology: "Aural Polypi," by Dr. W. P. Fowler, and the "Faradic Current, in the treatment of Tinnitus Aurium" (with remarks by Dr. Henry C. Houghton), by Dr. E. B. Squier.

Dr. C. Th. Liebold was elected chairman of the Bureau of Ophthalmology, Dr. Wm. S. Searle of the department of otology, and Dr. C. E. Jones of the department of laryngology.

The department of laryngology reported by title a paper entitled "Laryngoscopy: its Principles and Practice," by Dr. E. J. Whitney.

Dr. Hollet, chairman of the committee on asylum matters, reported in favor of recommending suitable persons to fill vacancies in the board of trustees, and Dr. A. E. Sumner, Wm. Herring, Esq., and J. H. Peet, Esq., were thus nominated, and Messrs. Harper, Norton and Stivers for reappointment.

After considerable discussion upon the question of nominating a medical superintendent, Dr. A. W. Holden was thus nominated.

Afternoon Session — Second Day.

Vice-president Dr. A. R. Wright in the chair.

Dr. A. W. Holden presented the report of the Bureau of Surgery, which consisted of the following entitled papers: "Lateral Dislocation of the Astragalus," by Dr. H. I. Ostrom; "Surgical Treatment of Hæmorrhoids," by Dr. Wm. M. L. Fiske; "Urinary Infiltration," by Dr. H. G. Preston; "Gunshot wound of the Liver," by Dr. A. W. Holden; "Surgical Report," by Dr. T. D. Stowe.

Dr. M. O. Terry was elected chairman of the bureau for the ensuing year.

Dr. A. R. Wright, chairman of the Bureau of Climatology, announced the following papers: "Hygiene," by Dr. L. B. Wells; a very exhaustive paper on the "Climatology of Warren County," by Dr. A. W. Holden; "Prevailing Diseases the last Season," by the chairman; and also a paper by Dr. H. M. Paine, entitled, "Meteorological Conditions connected with Various Diseases."

The subject of printing blanks for this bureau was referred to the publishing committee.

Dr. G. H. Wilson, delegate from the Connecticut Society, spoke of an intermittent fever epidemic, which visited a certain portion of that State, within certain definite circumscribed limits.

Dr. A. R. Wright hoped the members would communicate freely with his bureau in matters respecting the public health.

Dr. Wright was unanimously re-elected chairman of the Bureau of Climatology.

The secretary reported for the Bureau of Gynæcology, a paper on "Cocculus in Dysmenorrhœa," by Dr. Emma Scott Wright.

Dr. A. P. Throop was unanimously elected chairman of the bureau for the ensuing year.

Dr. Jas. A. Bigler was elected chairman of the Bureau of Pædology.

Dr. T. D. Bradford was elected chairman of the Bureau of Histology.

Dr. S. H. Talcott was elected chairman of the Bureau of Vital Statistics.

Drs. John F. Gray, Carroll Dunham and A. W. Holden were elected to the Bureau of Medical Education.

The report of the Bureau of Medical Institutions was made by the secretary and chairman, which was accepted, and the same chairman re-elected.

Dr. H. D. Paine was re-elected necrologist.

The following resolution, after considerable discussion, was adopted:

Resolved, That the resolution found in the Transactions of the Homœopathic Medical Society of the State of New York, in the year 1871, derogatory to the provings of Dr. Swan of unknown and inert substances, be rescinded and expunged from the minutes of the Society, and that those provings which have heretofore been refused admission shall now be admitted.

Adjourned to meet in Utica on the second Tuesday in October.

ALFRED K. HILLS, M. D.,
Rec. Secretary.

IV.

Address Before the Annual Meeting, February 13, 1877.

By PRESIDENT T. F. ALLEN, M. D.

Members of the Homœopathic Medical Society of the State of New York:

The past year has not been an eventful one in the history of homœopathy in this State, but it has been a year of continued prosperity. Quietly but surely our system of therapeutics is becoming recognized and adopted by the thoughtful and intelligent portion of the community, the number of its practitioners in proportion to the population is steadily increasing, and though in accordance with the views of our English brethren, the two schools in America may never be united, yet I believe I am not too sanguine when I express the belief that some of our younger members may live to see ours the dominant school in influence as well as in numbers.

There is, however, a note of warning to be sounded. A disease is in our ranks, so insidious in its attack and development that it threatens to sap our life before we are aware of its presence. This danger to our school is so great that, to my mind, professional jealousies, professional politics and intrigues, high potencies, low potencies, polypharmacy, all are trivial in comparison.

Our system is founded upon an experimental materia medica. There can be no prescription made in accordance with the homœopathic law without a proving of the drug used. Take away from us our pure materia medica and our school is at an end. This principle I hold to be the one essential, the first great necessity of existence. Any physician who makes these provings the basis of his prescription and from them prescribes in accordance with the homœopathic law is a homœopathist; any physician who prescribes in any other manner is *not* a homœopathist. To my mind this principle is not affected by the size of the dose, excepting always that if large doses of the crude substance be administered and the patient be not aggravated thereby, it is fair to believe that the prescription was not homœopathic. The danger to our system that is creeping upon us from the highest dilutionists as well as from the crudest doser in our

ranks is *empiricism.* The moment a physician prescribes from any indication not strictly in the materia medica, that moment he is an allopathist. The number of clinical indications and key-notes that are floating among the so-called strict homœopathists is really appalling, symptoms that have been noticed to disappear during the administration of a drug or that are often associated with other symptoms clearly indicating the remedy, have come to be held up as guides to the remedy. I will not deny that they are valuable, but I do deny most emphatically that they have part or parcel with homœopathy and I do assert that their use leads us away from homœopathy and that by them we shall *never* advance our art beyond empiricism. Physicians not only use clinical symptoms but are more and more in the habit of prescribing from pathological conditions solely; such would treat a case of pneumonia *allopathically* with aconite, bryonia, phosphorus, and sulphur, that required but two remedies *homœopathically*, arsenicum for four days and then iodine for six. Whatever success attends empirical practice will in the end retard the development of the homœopathic school. An educated physician may be made to feel the force of our law when he sees it applied, but is sure to despise the system that pretends to use it and does not.

It seems to me that this Society, having in charge the interests of homœopathy in the Empire State, should see to it that our advance posts are well planted, our earthworks and parallels carefully engineered; for our approach upon the enemy (in the way of therapeutics) must be by occupying positions which we cannot be compelled to abandon.

I believe that all of our public institutions have been enlarging their sphere of usefulness during the past year. The asylum at Middletown has completed its new building and is now caring for more than a hundred patients; its success is remarkable, its treatment strictly homœopathic. I believe that it will prove to its sister institutions the superiority of specific medication to a non-medical treatment, which latter seems to be the best thus far adopted by them.

The New York City Homœopathic Hospital, on Ward's Island, is full of patients, and though no official reports have been published, I have heard that the success as compared with the other public hospitals of New York, is very remarkable.

The Hahnemann Hospital is proceeding with the new building on Fourth avenue, while the temporary hospital is constantly full to overflowing. It is not a breach of confidence to tell you that a lady

of my acquaintance has signified to me her desire to endow the lying-in wards of the Hahnemann, or if it should not be deemed advisable to have the obstetric patients in the main hospital, to establish a free lying-in asylum, to be under a staff of homœopathic physicians; and for this purpose not less than $40,000 or $50,000 will be placed in trust. From the Brooklyn and Albany City Homœopathic Hospitals and from our various dispensaries we have encouraging reports. The Ophthalmic Hospital of New York is doing a very large and beneficent work; there the poor from all parts of the State are taken care of and their sight preserved or restored. It is more largely thronged with patients than any of the five allopathic eye and ear institutions in New York, except the Old Eye and Ear Infirmary; besides, it is educating specialists who locate in all the great centers of our country and help greatly to elevate our school in the public estimation. Our college has in the neighborhood of 150 students; its course has never been as complete, thorough and satisfactory as the present winter. Its standard of scholarship is fully equal to that of any medical college in New York. Its faculty are in perfect harmony; its influence widely felt.

Returning now to our own Society I desire to call your attention to the reports of the committees on the publication of our Transactions, and on the organization of our county societies.

I have no suggestions to offer and shall appoint no committee on the president's address, and close my remarks by expressing the hope that the discussions will be characterized by courtesy and decorum, and that as much time as possible be devoted to scientific matters.

PART II.

REPORTS OF BUREAUX.

CONTENTS.

SECTION I.	Bureau of Materia Medica. Department of Pharmacy.
II.	Bureau of Clinical Medicine.
III.	Bureau of Mental and Nervous Diseases.
IV.	Bureau of Surgery.
V.	Bureau of Obstetrics.
VI.	Bureau of Gynæcology.
VII.	Bureau of Pædology.
VIII.	Bureau of Ophthalmology. Department of Otology. Department of Laryngology.
IX.	Bureau of Histology.
X.	Bureau of Climatology.
XI.	Bureau of Vaccination.
XII.	Bureau of Vital Statistics.
XIII.	Bureau of Medical Education. Department of Necrology.
XIV.	Bureau of Medical Societies and Institutions.

PART II. SECTION I.

REPORT OF THE BUREAU OF MATERIA MEDICA.

L. M. Kenyon, M. D., Buffalo, Chairman.
C. W. Boyce, M. D., Auburn.
H. V. Miller, M. D. Syracuse.
Alfred K. Hills, M. D. New York.
T. C. Fanning, M. D., Tarrytown.
G. B. Palmer, M. D., East Hamilton.
Wm. Gwynn, M. D., Throopsville.
J. T. Greenleaf, M. D., Owego.

CONTENTS.

V. Sepia: A Remedy in Functional Derangement of the Liver. Carroll Dunham, M. D.
VI. Verifications of Symptoms of Argentum Nitricum. L. M. Kenyon, M. D.
VII. The Administration of Drugs. Alfred K. Hills, M. D.
VIII. Proving of Equisetum Hyemale. Hugh M. Smith, M. D.
IX. Comparison of Sulphur, Calcarea carb and Lycopodium. H. V. Miller, M. D.
X. Colchicum Characteristics. T. L. Brown, M. D.

DEPARTMENT OF PHARMACOLOGY.

HENRY M. SMITH, M. D., New York, Chairman.

No Report furnished.

V.

Sepia: A Remedy in Functional Derangements of the Liver.

By CARROLL DUNHAM, M. D.

Medical practitioners, like other men, are apt to "run in grooves," and the grooves grow deeper by use. With regard to the materia medica, they are apt to remember of each remedy some one or two applications in which it is eminently useful, and to forget or ignore many others in which, though, perhaps, less frequently indicated, it is equally valuable.

Thus, every one has in mind the virtues of silicea in suppurative inflammation of connective tissue, while comparatively few might think of it as a remedy in cerebro-meningitis, in neuralgia or in epilepsy.

Sepia, in like manner, suggests itself to every practitioner in cases of chronic uterine disease, and its value in such cases has caused it to be classed, in the medical mind, with remedies specially adapted to chronic cases. The remarks I propose to make will show, I think, that it may also be a remedy for acute conditions. They will serve, likewise to call attention to the reproving of sepia, made under the direction of the Bureau of Materia Medica of the American Institute of Homœopathy, and published in the Transactions of that body for 1875. While this proving confirms, in a remarkable manner, the Hahnemannian proving of sepia, and may be said to have added little absolutely new to our knowledge of this drug, it certainly presents, in a definite form, symptoms that are somewhat shadowy in the original proving, and thereby furnishes evident indications, where formerly these were perceptible only to very acute observers.

I propose to consider only the relations of sepia to "functional derangements of the liver," taking from Murchison's recent work,* the symptoms of these derangements and placing under each of these symptoms the corresponding group of sepia symptoms.

Before describing the symptoms of functional derangement of the

* Functional Derangements of the Liver; being the Croonian Lectures, etc., delivered in March, 1874, etc., London.

liver, Dr. Murchison states that the functions of the healthy liver are not simply nor chiefly the secretion of bile, but

"1. The formation of glycogen, which contributes to the maintenance of animal heat and to the nutrition of the blood and tissues, and the development of white blood corpuscles.

2. The destructive metamorphosis of albuminoid matter and the formation of urea and other nitrogenous products which are subsequently eliminated by the kidneys, these chemical changes also contributing to the development of animal heat.

3. The secretion of bile, the greater part of which is reabsorbed, assisting in the assimilation of fat and peptones, and probably in those chemical changes which go on in the liver and portal circulation, while part is excrementitious, and in passing along the bowels stimulates peristalsis and arrests decomposition."

A "functional derangement" may be a modification or an arrest of any one or several of these healthy functions.

1. If the power to convert glucose into glycogen be impaired by functional derangement of the liver glucose passes into the general circulation is eliminated by the kidneys, and we have one of the several forms of glycosuria, forms which agree in this one symptom (sugar in the urine), but differ profoundly in the pathological conditions on which this symptom depends, and in the indications for, and their amenability to, treatment. The form we have described is often transient, and always a mild and curable form of diabetes; or, this glycogenetic function may be modified in another way, and we may have a more serious form of glycosuria by an increased conversion of glycogen into sugar from hyperæmia of the liver depending on paralysis of the vaso-motor nerves resulting from irritation of the roots of the pneumo-gastric nerves, injuries of the spinal cord, poisoning by curare, etc.

2. When the function by which the liver disintegrates and eliminates albuminoid matter is imperfectly performed the disintegration stops short of the formation of urea which is soluble, and products more sparingly soluble, and which are less completely oxidized, than urea, are formed, viz., uric acid, etc.; or products still less oxidized, such as lucine and tyrosin, which we find in acute atrophy of the liver when this function of that viscus is almost abolished. Where, under this functional derangement, uric acid is formed instead of urea, we find in the urine deposits of uric acid, of urates and abnormal pigment.

Such is a brief statement of Murchison's views of the functions of healthy liver, and the results of some of their derangements. I shall restrict my remarks upon sepia to the second form of derangement above described, viz., that of the function by which albuminoid matter is disintegrated and eliminated, and the derangement of which is manifested, among other symptoms, by excess of uric acid and urates in the urine.

Murchison gives the following names of diseased conditions resulting from this derangement:

1. Atonic dyspepsia, of which the symptoms will presently be given in detail.

2. Gout — anomalous or regular; urates in the blood and deposited in or near the joints.

3. Urinary or biliary calculi.

4. Granular degeneration of the kidneys from their constant work in eliminating urates. (Dr. Geo. Johnson.)

The symptoms of the atonic dyspepsia are given more particularly by Murchison, as follows: After each group I cite, from the new or from Hahnemann's proving, the corresponding sepia-symptom:

1. Tongue: that of atonic dyspepsia large, pale, flabby, indented. Sepia: tongue coated brown or yellow (148, 149); tongue feels too large. (155.)

2. Appetite good, but suddenly satisfied; loathing of fat. Sepia: sudden craving, sudden satiety (185, 184); good appetite, but loathing of meat. (Hahn., 510, 522.)

3. Bitter or coppery taste; worse in the morning. Sepia: putrid, insipid taste (177, 178); bitter, repulsive taste in the morning. (Hahn., 499.)

4. Flatulence (from lack of bile?). Sepia: abdomen very much distended after the least bit of food. (207, 215.)

5. Constipation, from lack of normal stimulus to the excretion, and with great depression of spirits; or there may be pale or dark offensive diarrhœa. Sepia: constipation; seems to have lost power (243, 241); constipation, with bleeding and weight and pain in the rectum (236); only small, hard lumps passed (241); hard stools; fæces covered with mucus, followed by slimy, bilious or catarrhal stools. (255, 256.)

6. Intestinal hemorrhage; hemorrhoids. Sepia: considerable bleeding from the rectum and intense bearing down at the anus. (261, 262.)

7. Hepatic pains; weight, fullness, tightness; worse when lying on the left side. Sepia: as if the abdomen were full and bloated

across the epigastric region (214, 215); as if a load rested on the epigastrium (217); soreness around the umbilical region on pressure, especially on the right side (221); Bönninghausen names sepia under the rubric "worse from lying on the left side."

8. Jaundice (?). Sepia: yellow face and whites of eyes. (Hahn., 325.)

9. Aching of the limbs and lassitude. Sepia: weakness and aching of thighs and legs (419–421); general weariness and prostration in the joints. (422.)

10. Pain in the right shoulder and about the scapula. Sepia: long-continued pain under right shoulder. (410, 413.)

11. Hepatic neuralgia, with great depression of spirits. Sepia: stitches in the hypochondria, across the abdomen, making her cry out (Hahn., 626); frequent stitches under the right ribs. (Hahn., 627, 629, and 624, 625.)

12. Cramps in the legs. Sepia: cramps in the calves at night. (Hahn., 1310–1314.)

13. Dull headache in forehead and occiput in the morning on waking, lasting part of a day, or several days, with constipation and pain in the right hypochondrium. Sepia: dull, stupid headache, with great mental depression (40–43); dull pain over both eyes (55); dull headache through temples and forehead (59); waked with dull headache in back of head. (74.)

14. Vertigo and dim vision. Sepia: dizziness (35 Hahn., 87–100); obscured vision. (Hahn., 258, 259.)

15. Noises in the ears. Sepia: both ears feel stopped (111); ringing, singing, roaring, etc. (Hahn., 293–304.)

16. Sleeplessness. Sepia: restless nights; tired mornings (504); disturbed sleep. (508, 509, 511, 512.)

17. Depression of spirits; irritability of temper. Sepia: mental depression; very low spirited, with headache (2–5); very irritable; very cross. (5, 6, 10, 12.)

18. Palpitations and fluttering of the heart. Sepia: palpitation, very nervous (360, 365); seemed as if the heart occupied all the cavities of the body (359); pulsation with soreness in the stomach (199.)

19. Irregularities of pulse; intermission (which is always due, rather to hepatic indigestion than to cardiac disease); intermission of pulse. (Hahn., 1098, 1099.)

20. Feeble circulation; Anaemia. Sepia: pale, sickly aspect. (Hahn., 324.)

21. Angina pectoris, sepia (?).

22. Pulsations in various parts of the body, especially in the epigastrium. Sepia: pulsations felt in the body, in the head and extremities, day and night, especially night. (Hahn., 1409, 1410.)

23. Urine heavier than normal; deposits uric acid and urates. Sepia: every prover noticed marked diminution in the quantity and increase in the specific gravity of the urine, which deposited uric acid and urates. This was reported by provers of both sexes and from various potencies of sepia.

24. Chronic catarrh of the fauces. Sepia: feeling of rawness in the posterior fauces, etc. (165, 167.)

25. Chronic bronchitis. Sepia: coughing spells in the morning, with either difficult expectoration or copious sputa, easily raised; harsh, dry cough. (342, 344.)

26. Spasmodic asthma. Sepia: tightness and constrictive sensation in the chest. (346.)

27. Eczema, lepra, psoriasis, lichen, urticaria, boils, pigment spots, pruritus. Sepia: vesicular, papular and pustular eruptions (484–495); itching (484); yellow spots on the face and a yellow patch over the dorsum of the nose. (Hahn., 326.)

In an excellent physiological study of Hahnemann's proving of sepia, Dr. V. Meyer of Leipzig, in 1853, used the following language: "This remedy operates especially on the portal system, by retarding the circulation and causing an overloading of the vascular system with venous blood or with blood more or less resembling venous. A plethora venosa, as it is called, gives rise to most of the various symptoms. The pathological process is also marked by a state of depression. * * * All further morbid conditions are but secondary." * * * "All disorders of the portal system must first affect the neighboring organ, the liver." (Hom. Vierteljahrschrift iv, 2. Translation in British Journal of Homœopathy, xiii pp., 635, 636.)

Cases Illustrating the use of Sepia in acute Disease, connected with Functional Derangement of the Liver.

Case 1. August, 1875. A lad, seven years old, was brought home from the country, said to be suffering from remittent fever; he had been ill three weeks, and presented the following symptoms: febrile condition persistent, very weak, keeping his bed, extreme depression of spirits and irritability of temper, occipital headache, sudden, excessive desire for food, but eats only a small quantity. Two or three stools daily and one or two at night, of normal consis-

tency, but clay-colored and offensive. Successive outbreaks of furuncles on the nates, on the right side of the abdomen, just below the arch of the ribs, a very tender spot which is the seat of constant pain, the whole right hypochondrium is tender and heavy, aching in the right shoulder, restless sleep, urine has a pink deposit, stains every thing it touches red and stains the vessel, heavy sweats at night. He is reported to have had podophyllum, china, bryonia, etc., etc., without perceptible effect.

I gave sepia[30] trituration, in solution, a dose every four hours during the day. In two days a vast improvement was manifest; and in a week he was perfectly well and has so continued to the present. Improvement was noticed first in his fever-spirits and temper, then in his appetite and digestion; then the pain and soreness vanished, then the stools and sleep became normal; last of all the urine became normal.

Case 2. A lady aged thirty, has been ill nine or ten days; is in a remittent febrile condition with evening exacerbations, no chills, pulse at eleven A. M., ninety-six. Aching weight and soreness in the right hypochondrium, and distress and aching in right shoulder and scapula; cheeks flushed, forehead and conjunctivæ yellow; irregular yellow patches on the forehead, lassitude; the limbs and back ache, obstinate constipation and occipital headache; anorexia, she loathes fat and milk, thirst, tongue flabby and indented, great flatulence after food, restless sleep, dry hot skin, urine scanty and loaded with urates. Her disease is said to have been pronounced remittent fever and prescribed for as such. She had taken podophyllum and she knows not what else.

I gave sepia[30] trituration, in solution, a dose every four hours. In twelve hours the fever had gone and did not return, the side was better, the bowels had moved; in a week she was entirely well and has so continued to date.

New York, *December*, 1875.

VI.

Verifications of Symptoms of Argentum Nitricum.

By L. M. KENYON, M. D., of Buffalo.

During the latter part of November last, and all the month of December, and part of January this year, I met with a number of cases among children, which, for a time, perplexed me not a little. The cases were all very similar, and seemed to arise from a deranged stomach, and, in many cases, presenting all the conditions usually called worm symptoms; yet the ordinary remedies, some of which seemed well indicated, failed to bring relief. I found in most of the cases a craving for sweet things, and this fact led me to investigate argentum nitricum, where I found a fair representation of most of the cases, and with it controlled nearly every case promptly. The following are the symptoms I have noted, which I find in Allen's Encyclopedia, that were cured, which I have arranged in the order they occur in the work: Apathy, with debility; irritable mood, especially in morning when waking; giddiness; violent pain in left forehead, more frequently; less so, pain all over head, violent itching of the whole scalp; eyes red and watery, or filled with mucus, gluing together at night; severe pain in the ears; dryness and itching of the nose, with much sneezing; gums red, drawn away from the teeth, easily bleeding, sensitive to cold; tongue thickly coated with white, red edge and tip, tongue dry, generally with thirst; offensive breath; deep redness of the uvula, tonsils and fauces, frequently small ulcers; appetite at times strong, but quickly satisfied; after a day or two, complete loss of it; frequent belchings, which are sour; craves sugar or sweet things; frequent nausea, with efforts to vomit, but seldom accomplishing it; violent pains, and even cramps, in the bowels and stomach; flatulence in bowels, with considerable distention; stools generally green, mixed with mucus, more frequent at night; burning or scalding urine, with frequent urging, generally deep yellow (with prompt acid reaction). In general cases marked irregularity of action of the heart, intermitting; nightly pains in the back, generally in the loins; drawing up of the legs, knees to the abdomen; restless sleep, dreams, starting, screaming and convulsive

movements; marked increase of fever at six or seven o'clock P. M. every day, preceded by shuddering and chills.

I used in most cases Smith's[30] trituration of the remedy.

The more prominent symptons which were relieved or cured, with the rest, which I do not find in the encyclopedia are as follows:

After sleeping an hour or more, wakes up with head intensely hot, rest of body nearly normal temperature; in two cases strabismus of left eye, lasting three or four days, disappearing with rest of symptoms. In four cases large canker sores on gums, inside of cheeks and on the tongue, with fearfully foul odor, and utter inability to take any nourishment except liquids, which must be neither hot nor cold. In one case, continued heavy, aching pain in the liver, with considerable enlargement. (The pains, as laid down, are all stinging or cutting.) In several cases the urine was deep red color, depositing the fine red sediment. In almost every case a cough, which, at times, was dry, hacking, again loose, but no expectoration, but in every case where the child was old enough to describe it, was referred to the pit of the stomach. In all the cases, a soreness of whole body; the child would cry on being moved, or in attempting to walk, would say they were sore all over.

VII.

The Administration of Drugs.

By ALFRED K. HILLS, M. D., New York.

The question of the administration of drugs, is one of great importance and is generally settled by individuals in accordance with particular experience. This experience is often based upon some preconceived notion or prejudice which is entirely unfounded.

Drugs are employed in three different ways.

1. Entirely by internal administration.
2. Both by internal and external.
3. By external application only.

The first is in accordance with physiological evolution. The second, is with the idea that the internal dose will drive the intruder *out*, and the external remedy will annihilate him on his arrival at the surface. The third, is with the view that external manifestation of disease is confined to the locality in which it appears as an objective symptom to the eye of the observer, and does not require constitutional treatment for its eradication.

I am myself in favor of the first plan of administration, viz.: By internal administration. For the reason that disease in its natural tendency is from within outward, and when a cure is thus perfected we may consider it accomplished upon the disappearance of the internal and external symptoms.

My objection to the second, is, that it is doubtful which application, the internal or the external—will act the more powerfully; and the same objection may be partially made as we shall hereafter make to the third plan, viz.: the danger of metastasis.

The third plan, or the application of crude drugs directly to diseased tissues, has always been a questionable one with me, excepting in affections from traumatic causes. I am still more confirmed in my opinion by extended observation. Almost daily, cases present in which more or less serious consequences have resulted from this very common, and sometimes reckless practice. The cases in which such treatment shows no injurious effects, are those in which the internal dynamic power, either normally existing, or in compliance with spe-

cific drug action is aroused into action in a sufficient degree to prevent the overpowering of the vital centers in the direction of dissolution or disturbance of functional power. One would suppose from hearing the emphatic statement of the pathological observer, that it was only necessary to *see* the deceased condition, and apply to it a drug substance, to be enabled to cure. I feel sure that the morbid anatomy alone, is rarely sufficient as a basis for accurate prescribing, and I believe with "Watson" that pathology consists in the "totality of the symptoms," both "objective and subjective," which of course includes the morbid anatomy.

In a scientific aspect I cannot see the difference between the prescription based merely upon the "morbid anatomy," and the one made upon some "*peculiar symptom.*" Either may succeed in a given case, but both are imperfect, unscientific and will add little to our knowledge of the proper treatment of disease. To attempt diagnosis without investigating and weighing the case in all its bearings, would be just as pardonable as this impartial prescribing.

Nearly all the organs and tissues of the body suffer or are abused by this direct application of drugs, but especially does it occur to the eyes, throat, genitals and skin.

The sensorium suffers secondarily from application to the skin in affections of that tissue, and diseases of the heart particularly occur after the treatment of rheumatism by topical means. The mother of a child suggested to its father (a physician) that their babe was not well. The father observing nothing abnormal, asked the attendance of a friend, who confirmed the diagnosis. A warm bath advised, was followed in a few moments by death! What was the cause of this sudden demise? We find that two weeks previously an eruption appearing upon the head of the child was quickly dispersed by external means, and with it the life of the child extinguished.

The argument against Hahnemann's psora theory and in favor of the use of external measures for the extermination of fungi which may plant themselves in exposed tissues, although seemingly self-evident at first thought, upon reflection becomes less convincing. Observation teaches us that disease will not propagate itself, nor living organisms thrive, in a soil unadapted to their sustenance; hence, why is it improper to treat the acarus-itch by internal medication? The organism in a natural, healthy condition will not tolerate the acarus any more than it will the miasm of variola or other contagious disease; therefore, the reasonable plan is, first purify and disin-

fect your habitation, and it will be affected by none of these external influences. This desideratum accomplished, germs of disease, itch-acarus and all other foreign influences will speedily disappear, or, cease to attack.

Hogg is convinced that ring worm as well as favus is due to a deranged state of health, and does not originate in the epidermis, nor in the hair, but in the organs of secretion. The vegetation is a secondary product, and, therefore, if attention be paid to the general health and constitutional treatment resorted to, the most inveterate case of ring-worm can be cured.

Good air, good food and tonics always starve the parasite, and the soil in which it grew and flourished, no longer nourishes it. The eruption gradually disappears and the hair resumes its healthy growth.

Hahnemann says: "Every *conscientious* physician ought to know that *no eruption whatever* ought to be removed from the skin by external applications. The human skin never produces an eruption of itself. It never assumes a morbid condition without being invited, or, rather, obliged to do so, by the abnormal activity of the whole organism."

One hundred cases of the evil effects of suppressed eruptions are collected by Hahnemann in full, and a vast number are referred to with the names of the authors. (Chronic Diseases, page 34.)

The defenders of the practice of topical medication, resort for their support to empiricism, rather than to the strict *laws* which govern homœopathy. Now, we either possess a law of therapeutics, or else we remain empiricists like our outside brethren.

All disease has for its foundation an internal morbific power, hence, external symptoms will disappear upon the annihilation of the internal affection; but, internal disease will not necessarily disappear upon the destruction of the objective symptoms by means applied externally.

In affections of the eyes, metastasis more rarely occurs, but we find many an organ totally destroyed by the various barbarous modes of topical treatment.

Thus, after the use of caustics in *granular conjunctivitis*, the tissue is left so scarred as to entirely prevent the natural secretion so necessary to the integrity of the visual power, and in many cases resulting in entropion, often to such a degree as to preclude operation to benefit.

Pannus also follows the cauterization and almost always accompanies entropion, and is one of the most tedious affections to cure.

In ulceration of the cornea, the application of lead wash (practiced only by the ignorant) leaves a deposit of that substance in the tissue, which cannot be removed, and hence these opacities are serious obstacles to vision.

The indiscriminate, frequent, long continued use of atropine is another source of grave difficulties. In the first place vision is disturbed by its introduction in consequence of the change to the accommodative powers. If long continued use is persisted in, the iris becomes atrophied, ciliary neuralgia and cerebral disturbance occur, and, as with any other *palliative*, if discontinuance is attempted, patients suffer for a time severely.

As a rule, iritis, one of the most severe diseases the oculist has to deal with, can be promptly cured by the use of the homœopathic remedy (but it must be such), provided it has not become complicated by the palliative method. Synechiæ no oftener occur under this treatment than when atropine is used, and should slight attachments be made to the capsule, they will readily absorb again under careful prescribing. The treatment by innuction of mercury is simply abominable. For should the case be one in which that drug is the *similimum*, the remedy becomes worse than the disease by manifesting its own constitutional symptoms. One case of iritis I recall to mind in which the atropine, and mercurials had full sway for three weeks, administered by the most skillful hands, and the disease not in the least abating, if any thing worse, hypopion having developed to an alarming extent. There existed the greatest sensativeness to touch and to cold, accompanied with profuse sweat at night. Hepar 200th entirely absorbed the hypopion in twenty-four hours, and in a few days relieved the pain and soon cured the case entirely.

Lachrymal fistulæ, are also cured promptly with internal medication, providing the cases are individualized. I know of no positive harm resulting from the treatment by injection of these cases, excepting the terrible pain which sometimes continues long after the use of carbolic acid, etc., in this way. (N. v. Ign.)

In glaucoma, allopathists even prohibit the use of atropine, and depend almost entirely upon the operation of iridectomy. We ought and can do better, as a rule, with our remedies. The pain will be entirely relieved by the administration of the proper remedy, and if treatment is continued for a long time, the effusion will be absorbed

and vision at least partially restored, depending upon the extent of the disease in its progress toward atrophy. *The importance of early diagnosis in these cases is of the highest degree.*

In affections of the throat, we observe many cases of metastasis, resulting from local treatment, so called. Many simple cases are compounded. Bronchitis and other pulmonary diseases often follow the caustic treatment of these tissues, and metastasis of nasal catarrh is of common occurrence, where treated by the usual severe methods. The nasal douche, so long in vogue, has fallen into disuse after causing many and fatal cases of deafness in consequence of the introduction of liquids to the ear by the Eustachian tubes.

Every physician is aware of the occurrence of "secondary symptoms," so called, after the usual customary treatment of syphilis by *external* means. Do we observe this order of things when the treatment is homœopathic and *entirely* by *internal* medication? No, metastasis, or so called "secondary symptoms," rarely occur under the homœopathic treatment, but this dreaded disease is promptly and *effectually* eradicated by such means. Of course, I mean, in reference to treatment, that it *is precisely* what it professes to be. Prescriptions are not necessarily homœopathic, because claimed to be such by their makers, any more than the assumption of the title establishes the *homœopathist.* I am fearful that large doses of crude drugs hypothetically administered, may prove very injurious, for it is only the similimum that is needed, or to be desired.

With regard to the curability of syphilis by homœopathic medication, Dr. Ad. Lippe says: "The acute form of a primary syphilis in an untainted constitution, is very speedily cured, generally with *one dose* of the corresponding remedy. If the acute case of syphilis presenting itself is not the first attack, and if the first previous attack has been treated with nitrate of silver and large doses of mercury, then we have before us a chronic case, after the acute symptoms disappear, after the ulcers (chancres), have healed, *then* secondary symptoms will appear; mouth, throat, skin, and we have a long case to treat. Secondary symptoms do not appear if it is the first attack of syphilis and the proper remedy in a high potency has been administered; they could only appear if the subject has inherited the syphilitic constitutional disease from the parents, and if the slumbering inheritance is fully aroused by the acquired syphilis. Cases treated by the common school, and thereby protracted, will yield to homœopathic treatment after a long time. If the monster of a com-

bination of original syphilis, with psora, mercurial cachexia appear, I never hold out any hope of cure under six months or a year. When Hahnemann treated the subject in his "Chronic Diseases," he gave us all then known on the subject. He had then but few remedies, merc., nitric ac., hepar and thuj; we now add to them kali bi., lachesis, corall. rub., merc. jod., silicea, benz. ac., apis, arsenic, lycop, jacaranda coroba, phosph., sulph. Notwithstanding our ability to cure such cases *apparently*, I am of the opinion that the disease will remain in the organism in a modified, retired form, and on slight provocation show signs of its presence, not always in the shape of symptoms generally believed to belong to syphilis, but in a variety of manifestations, collected and published by Benninghausen. A number of cases have come under my care formerly treated by the celebrated Riccord, who acknowledged, some months ago, at a dinner given him in London, that he never yet knew a case of syphilis *cured* by him. A curious coincidence happened five years ago. Three gentlemen, friends, called upon me; none knew that the others had been to see me. One suffered from the preliminary symptoms of locomotor ataxia, the other had an ulcerated sore throat, (syphilitic,) and the third had bronchitis. All three had been in Paris together seventeen years previous to their present indisposition; all three had seventeen years ago been treated for syphilis, then and there contracted, by Riccord, and considered themselves cured. The first man, with locomotor ataxia, became better, but was persuaded to see Brown-Sequard, the celebrated humbug, and is now rapidly approaching his end. The other two are well. All strong men who had not been sick at all during these seventeen years. I have had more cases pointing out the seventeen years reappearance of the malady.

As to gonorrhœa, the same rules hold good. Hahnemann says that this catarrh of the urethra is readily cured by the petroselinum, cannab. or cantharis. The disease must have changed its character. In an *original* case I generally succeed very well in about a week; but if injections of sulphate of zinc or argentum nit. have been used, the disease is hard to control, it requires time, and if hypertrophy of the prostate gland has set in, with inflammation of the bladder, the case becomes very hopeless.

In the very painful mercurial syphilitic ulcer on the tibia, I have found it necessary to neutralize the excess of mercury deposit in the bones, by massive doses of kali hydriod. After this neutralization, asa foet. will act very well. The impotence subsequent to cauterized

chancres or suppressed gonorrhœa yields often to cobalt met., and in one case to formica.

In addition, if more proof be needed, we have the experience of Drs Raue, Hering and Dunham. Dr. Raue says, "syphilitic patients can surely be cured, but the time of cure varies as it does in all other affections. I have cured syphilitic patients myself, without secondary symptoms ever following, and I cannot see, therefore, why secondary symptoms *invariably* should make their appearance."

Dr. Hering says "that syphilis is a *curable* disease, *i. e.*, when a healthy person has contracted the disease, and it is not joined with any other taint in the system. The time which it takes to cure a case of syphilis depends entirely upon the person, for some constitutions are so much more easily reached than others. I have known many cases being cured *without secondary symptoms.* When secondary symptoms do make their appearance, they are due either to former attacks of the disease, to an improper mode of life during the treatment, or, to *bad treatment;* but with good homœopathic treatment and proper care, the patient being otherwise well, there ought to be no secondary symptoms."

Dr. Dunham bears similar testimony in the following words: "I should say that I *have* known syphilis to be cured without secondary symptoms appearing; but such a statement is always open to the objection that the diagnosis was erroneous. Just as I once heard Guersant say in a public lecture, that the recovery of a croupy child was proof positive that the disease was not membranous croup, that disease being invariably fatal."

Hahnemann says, "both the gonorrhœa and excresences of sycosis are cured in the most *thorough* and *durable manner* by the internal administration of thuj, which ought to be allowed to act for the space of fifteen, twenty, thirty or forty days."

Hunter asserts that the local removal of the chancre, should it even have been accomplished ever so speedily, is always followed by an outbreak of the internal syphilitic disease. His opinion is confirmed by Fabre.

As soon as the chancre is removed by external remedies, the syphilitic disease, which is engrafted upon the whole organism, when the infection has taken the place, manifests its series of secondary symptoms.

Hahnemann says, "in my practice of *fifty years duration*, I have never seen syphilis breaking out in the system, wherever the chancre

was cured by internal remedies, without having been mismanaged by external treatment. It matters not whether the chancre had been left standing for years."

To quote Hahnemann again, he emphatically says: "Of this genuine and unadulterated syphilis it may be said that there is no chronic miasm, nor a disease produced by a chronic miasm, which is more easily cured than syphilis."

I meet with innumerable cases in which exist secondary symptoms, or drug symptoms, after heroic treatment for gonorrhœa. I have never known gleet, orchitis, rheumatism, abscesses in the prostate or neck of the bladder to follow the internal truly homœopathic treatment, but have found the most serious consequences to result from the use of injections and massive doses of drugs, complications which require a long time to disentangle and eradicate. One of the most painful cases I have ever been called upon to treat, was an abscess of the prostate, resulting from dispersion of an inguinal swelling with iodine. This man was treated in the popular manner for gonorrhœa, and the inguinal swelling, etc., followed as above.

In the diseases peculiar to females, medical treatment reaches its climax in respect to barbarity. If the primary cause were sought, many a case of phthisis would be found originating in a suppressed leucorrhœa. (See Prof. Dunham's confirmation.)

One of the chief causes of sterility may be traced to the caustic treatment of the imaginary or actual ulceration of the os uteri. The scarred and indurated condition of this tissue resulting from such treatment, recovers its tone, but *very* slowly, if ever.

How an observing physician can practice the palliative or topical methods of medication, without seeing its dangerous consequences, I cannot conceive. The evil results from such practice are the rule, the benefits exceptional, and even these can be better accomplished by internal medication in accordance with physiological evolution.

I have often successfully treated with potencies cases of uterine disorder, in which hydrastis was the specific, and have seen similar cases under topical treatment, and I must justly insist that the potency acted more quickly and effectually than the crude method, minus the danger of metastasis.

The topical application of a caustic or astringent drug to an inflamed tissue, producing, as a result, palliation in virtue of its antiphlogistic tendency. This primary effect may be followed either by secondary or lasting complications or metastasis.

As the narcosis of opiates fails of production with continued use, so the palliation of topical agents become lessened by continuance, and in both cases doses must be increased until the drug-effect only is discernible, although the original disease has not in the least abated, and we find ourselves battling with a hydra-headed monster that may baffle the most skillful management.

In the treatment of external abrasions of tissue the greatest point is exclusion of air, which may convey the fungi to soil congenial to its development. This may be accomplished in several ways without danger. First, by means of the dry earth method, whether suppuration exist or not, only taking care to repeat the application sufficiently often to keep the parts thoroughly and perfectly covered. Second, by the colodion plan, perfectly applied, as usual, inclosing the wound entirely, so that no air is admitted; but this must be done before suppuration commences. Either of the above are far less harmful than the application of medicinal substances, which are so readily absorbed as to oftentimes prove injurious (arnica).

The aim that has actuated me in making this resumé is two-fold, viz.: First, as a reminder that such results do occur; and, secondly, to urge the abandonment and avoidance of such measures.

Now, while I do not in the least undervalue the use of *all* the senses in making a diagnosis, I must reiterate the *fact* that pathology includes the *totality* of the objective and subjective symptoms, and to *cure* disease a remedy *must* be found homœopathic to the *particular* case.

VIII.

Proving of Equisetum Hyemale.

By HUGH M. SMITH, M. D., New York.

August 24, 1875, 10.30 A. M. — Took pellets moistened with thirtieth dilution and repeated the dose at 10.45 and eleven. At 11.10 sharp pain in left temple coming and going at short intervals. At 11.15 another dose, 11.20 pain in left temple increased, extending to roof of left orbit; 11.25 very severe sharp pain in right temple coming on suddenly and lasting only a few seconds. Took more of the drug at 12.05 and 12.30. Twenty minutes to one. Dull transient pain and stiff feeling just back of left mastoid process. Took no more during the day. Felt dull pressure pain through both temples all the afternoon and evening. Soreness of left eye-ball in evening.

August 26, 1875. — Took of the thirtieth dilution at intervals of fifteen minutes from 9.15 A. M. to eleven o'clock. Ten minutes to ten A. M., an occasional sharp stitch in left temple. Ten minutes past ten A. M., constrictive feeling in left temple and across forehead, as though scalp were drawn too tightly. Fifteen minutes of eleven: Darting pain in left temple increased by going out in open air, and extending over left eye in roof of orbit. Two P. M.: Feeling of constriction across the forehead and through the temples, with severe shooting pains through temples, worse in right, lasting all the afternoon. The pain in temples increased by movement and in the open air, not relieved by keeping quiet, but relieved by eating. Appetite very much increased; hardly know when to stop eating.

August 30, 1875. — Took a dose of thirtieth dilution at intervals of fifteen minutes from 9.30 to 11.30 A. M. Fifteen minutes past ten: A dull heavy feeling of head, with sense of constriction through temples, and feeling of weakness from the least exertion. Fifteen minutes past twelve: Dull heavy pain under left patella, lasting some minutes. Noticed nothing farther till next afternoon, when was attacked about 2.30 with severe rheumatic pain in region of sacro-lumbar articulation and through left hip joint, extending down outer side of left leg, terminating in front about three inches above the left

knee; this pain was relieved by lying on back and keeping perfectly quiet, but increased when first beginning to move, and relieved somewhat by continued motion. The pains in the back and hip seemed deep seated, but not continuous. They increased gradually to a very severe extent and then gradually diminished again. Had considerable smarting and pricking in urethra on urinating, extending back about an inch from ureters. Urine, high colored and scanty. Have also had since commencing this proving soreness of left testicle and spermatic cord, with pain from the least pressure.

September 10.—Took of the third dilution a dose at intervals of fifteen minutes from 9.30 A. M. to 12.45 P. M. Quarter to twelve, boring pain in left temple. Quarter to one, constrictive pain through temples, and an occasional sharp pain through left hip, and in lumbar region. Took a dose at 7.30 and eight P. M. Constrictive feeling in forehead and vertex. Frequent desire to urinate during the afternoon, with biting sensation in the urethra during and after passage of urine. Exceedingly restless the whole evening, sensation of constriction of whole scalp, as if drawn tightly over skull, with continual inclination to raise and wrinkle the brow, but when wrinkled requires quite an effort to smooth it out again. Pricking sensation in forehead during the evening, and while rubbing very similar to feeling caused by electricity.

September 11.—Took a dose of third dilution at 9.45 A. M. Dull heavy headache the whole afternoon, with inability to study. Soreness of both testicles and spermatic cords, worse in left; cords seem gone the whole length.

September 12.—At 8.30, 8.45 and 9.10 P. M., took 5 gtts. at each dose. Nine P. M. Slight pain in region of right kidney, then in left, extending down left side of sacrum. Slept well through the night, but awoke with dull, heavy pain in lumbar region, and passed a large quantity of pale urine.

September 13.—Half past nine A. M. Took 10 gtts. tinct. in half a wine glass of water. Quarter to ten. Dull pain in region of right kidney, with urgent desire to urinate. Had urinated only a few minutes before, and now passed four ounces of clear light urine; ten A. M., took 10 gtts. tinct.; 10.15, passed five ounces urine, with pricking in urethra during and after urinating, and a feeling in bladder as after great distention; constant desire to urinate, and passed large quantities of clear, light-colored urine without relief. Seven minutes past eleven. Pain in back, and pricking in urethra increased.

Twelve M., took ten gtt. tinct. Half-past twelve, very severe pain in lumbar region, increased by sitting still. Dull, heavy feeling across top of head, with pain through temples. Twenty minutes past one, passed two and one-half ounces urine. Twenty-five minutes past one face flushed, with slight feeling of heat. Forty minutes past one, great burning in face, neck and right ear, without much redness. Desire to urinate continued, but passed smaller quantity and of a darker color; passed thirty-five ounces of urine in ten hours. Five minutes past two, just before urinating had sharp pain in right testicle. Twenty-five minutes past two, biting itching in meatus urinarius, increased by scratching. Dull pain in back all the afternoon, with throbbing pain in temples, first left, then right, with sense of constriction of whole scalp. Dull drawing pain in back of head and neck in the evening. Very irritable and easily fatigued.

September 14. — Slept well, but awoke unrefreshed. Head feels heavy and dull. Pain in back continues. Soreness in right side of abdomen and region of bladder. Passed profuse quantities of urine. Fifteen minutes past nine, A. M., took fifteen gtt. tinct. Twenty-five minutes past ten, took fifteen gtt. tinct. Urgent desire to urinate, with prickling and soreness of meatus from contact or pressure. Eleven A. M., took twenty gtt. tinct. Twenty minutes past eleven, lower pain in roof of right orbit. Lame feeling in back, just below severe angle of scapulæ, increased from least motion or deep breath. Twelve M., took twenty-five gtt. tinct. Ten minutes past one, heat in face, without redness; lasting about an hour. Thirty minutes past one, sharp stitch in left breast, about one inch to left and over the nipple. Fifty minutes past one, took thirty gtt. tinct. Urine very profuse and passed at short intervals, attended with biting and pricking sensation in urethra.

September 15. — Nine A. M., took twenty-five gtt. tinct. Fifty-five minutes past nine, took thirty gtt. tinct. Tenderness in region of bladder, and right side of lower abdomen; extending upward from the groin; same on left, but more on right. Pain and soreness of back and left hip continue. Twenty minutes past eleven, took forty gtt. tinct. Soon after, dull deep-seated pain in forehead, with prickling of skin on rubbing. Thirty minutes past eleven, pain in bladder, as from distention. Distended feeling of the whole abdomen. Passed less urine this morning than usual. Pain in back, specially while setting and soreness of testicles and cords, more in left, still continue. Twenty minutes past twelve, P. M., excessive burning in urethra,

while urinating. Thirty-five minutes past twelve, creeping chill, beginning below and running up the back. Fifteen minutes past one, stool with aching in anus and feeling as if the rectum would protrude, followed by smarting in anus and a sensation as though some fœces still remained. Fifty-five minutes past one, took fifty gtt. tinct. Dull heavy pain in either side of lower abdomen and bladder, with frequent desire to urinate. The desire to urinate, which is constant, is not relieved by passing urine. The pain in bladder, with tenderness on pressure, and soreness of testicles and cords are continuous. The urine when allowed to stand for a short time showed great excess of mucus, but was normal in other respects.

September 16.—Awoke this morning with sharp pain in inner side of left knee, which passed off after moving about for a short time. Still have pain in back and region of bladder. Pain in back as before, relieved by lying on back and walking, and increased by sitting. Smarting of anus, during and after stool. Ten minutes past nine, A. M., took fifty gtt. tinct. Twenty minutes past nine, sense of fullness in forepart of head, as if all the contents of the cranium were packed in front. Thirty minutes past ten, took fifty gtt. tinct. Forty-five minutes past ten, pressing pain in both temples, with heat in face and forehead. Sharp pain in right side, just above the crest of ilium; 11.30, took fifty gtt. tinct; constant, heavy, dull feeling in forehead and through temples; 11.35, passed small quantity of urine, attended with burning and smarting in urethra. The feeling of distention of bladder continued for some days after I stopped the drug; appetite very much increased all through the proving, and was excessive at times.

By F. L. De Korth, male, age 21. September 14, 1875.—Nine A. M., took ten gtt. tinct.; 9.25, pain in right temple; 9.30, took ten gtt. tinct.; 9.35, frontal headache, with feeling of tightness of scalp, with pain in roof of right orbit; 10 A. M., took ten gtt. tinct.; from 10 A. M. till 1 P. M., pain in upper part of shoulders, and in region of vertebra prominens increased by least motion or contact; 10.35, passed large quantity of urine, with burning in forepart of urethra; 11 A. M., took twenty gtt. tinct.; 12.25, stool, with great flatulence; 12.30, took twenty gtt. tinct.; 12.35, sharp, cutting pain in urethra; 1.30, took twenty gtt. tinct.; 2.30, took forty-two gtt. tinct.; 2.45, passed large quantity of urine, with burning in urethra and tenderness in region of bladder, as from distention; from 3 to 3.15 P. M., violent erections; appetite very much increased; from 6 to 6.15,

erections; 6.30 P. M., passed a large quantity of urine; 9.30, sharp pain in left temple, extending to supra-orbital region, with redness and burning of face.

September 15.—Ten A. M., took twenty gtt. tinct.; 10.15 A. M., sharp pricking pain in urethra; pain in right shoulder, extending to middle of upper arm; 10.25, dull, heavy feeling of head, as if it would fall forward; pain through temples and across forehead and upper part of eyes; 10.30, took forty gtt. tinct.; 10.45, headache increased, and accompanied by feeling of drowsiness; pain under sternum on taking deep breath; pains in neck, which extend to shoulders from motion; 10.50, pain in testicles and urethra; 10.55, sharp pain in region of heart; 10.58, sharp pain in lower part of abdomen, with sticking like pins in anus; eleven, took sixty gtt. tinct.; 11.05, intense pain in lower abdomen, with passage of flatus; 11.10, passed small amount of urine, but felt as though had not urinated for hours; pricking pain in urethra, a short distance back from meatus, while urinating; 11.15, sharp pain in left shoulder, with shivering over whole body, and great heat in head; 11.30, took 120 gtt. tinct.; 11.48, very severe headache, with intense pain in upper part of eyes or roof of orbits; pain in region of heart more intense than before; 11.55, sharp pain in left side, just above crest of ilium; 12.30, took 150 gtt. tinct.; 12.40, pain in left side, above crest of ilium, lasting about five minutes; 12.50, severe pain in lower abdomen, with passage of much fetid flatus; pains in center of chest on any movement forward; since taking the drug have had many confused dreams of crowds of people who had no relation with each other, and awoke very much fatigued; was obliged to get up several times during the night to urinate; 1.30 P. M., took seventy gtt. tinct.; sharp, sticking pain in throat; 1.35, sharp pain in region of heart; 1.40, pain in left side, above crest of ilium, extending forward to median line of body; 1.50, sharp pain in region of heart, increased from inspiration; 3.17, passed a large amount of urine, attended with burning in urethra and sharp pain in root of penis; 4.08, sharp pain in outer angle of right eye; 5.00, violent erections; sleep during night was crowded with confused dreams of many people; woke unrefreshed, with severe headache.

September 16.—Heavy feeling in head all day, with sense of great prostration; knees feel very weak on least exertion.

September 17.—Feeling of great prostration all day; no sexual desire whatever; tried to have intercourse but could not get up an erection; pain and tenderness in region of bladder, with soreness of

testicles, extending to spermatic cords; appetite very much increased; so much so that he hardly knew when he had enough.

Edward Chapin, male, age 27. Commenced to prove drug, July 29, 1875. Amount of urine passed the preceding day was thirty-two fluid ounces. Specific gravity twenty-three. Pellets No. 10, saturated with thirtieth dilution of drug. Took first dose at 9.45 A. M. Within half an hour, head felt heavy, accompanied with pains directly above right temple. A marked confused feeling in each ear, or rather sounds seemed to intermingle in such a way as could not be distinguishable. The symptoms were worse from moving the head; second dose, 11.20 A. M. Pain in each temple, but more severe in left. In a short time, pains moved from one temple to the other in apparently straight lines. Sharp sticking pain appeared on left side of occipital bone, near superior curved line. Rather dull pain near two lower lumbar vertebræ. Third dose, 12.20 P. M. Felt some pain in top of head. Those pains near superior curved line continue the same. Some vertigo and at intervals head felt light, this was accompanied by wave-like pains in head. When walking, would feel like falling. Fourth dose, 12.50. Pains now very marked in lumbar region, extending along the coccyx.

July 30. — Passed thirty-two ounces of urine; sp. gr. 18. First dose, at 8.15 A. M., no effect; second dose, at 8.50. By nine o'clock, felt a sticking pain near left temple; it proceeded in a straight line on the anterior portion of the frontal region to the right temple, after which, slight darting pains extended to top of head. Confused noises in each ear again appeared, rather more acute in left. By 9.10 A. M., the whole brain had a dull and heavy sensation. Darting pains on right and left side of occipital bone, near superior curved line. Vertigo when moving head. Third dose, 9.15. Very sharp and quick pains near left superior curved line of occipital bone. Pains in lumbar region, more on right side. Slight pain over right eye.

July 31.— Urine, passed thirty oz. sp. gr. 10.22. Did not take any pellets.

August 3.— About the same amount of urine passed, sp. gr. 10.16. First dose, eleven A. M. No symptoms. Second dose at 11.30. Within fifteen minutes the confusion of sounds in the ears began, more marked in left ear. Sharp and sticking pains darting from one temple to the other, after which a dull, heavy and rather drowsy sensation. Third dose, twelve M. Pain changed from frontal to occipital region, after which they dart from left to right side of occiput. Some pain

in left eye. The ear and head symptoms continued for three hours after taking last dose.

August 26.—First dose, ten o'clock; second, 10.30; third, eleven; and fourth, 11.30. Did not notice any marked symptoms till about 11.20, when I felt a severe pain near and a little above the right temple, then in a short time sharp pain in each temple. Heavy and confused feeling in head. These symptoms continued several hours after I ceased taking the medicine. Excessive hunger all through the proving.

August 30.—I commenced to take pellets Saturday, with third dilution. Took four doses at short intervals. A short time after taking last dose, felt a fearful rumbling sensation in ears; this was much more prominent than at any other time; this was accompanied by dullness and heaviness in the head. No apparent change in urine.

September 1.—Took one dose. No symptoms.

September 2—First dose, 8.45 A. M.; second dose, nine A. M. In a short time a rumbling in left ear, followed by a confusion of noises in same ear. Slight boring pain in left temple; this pain darts to some place on opposite side. Similar pains appear to change from side to side in occipital region. Second dose, 9.45 A. M. Dull frontal headache; pains in head continue during the whole forenoon. Sp. gr. of urine 10.20; about usual amount passed.

September 7.—Continued with third dilution. Pain in right hip-joint, also near knee-joint. Severe frontal headache; heavy weight on top of head. Stitching pain near lambdoidal suture; also darting pain in each temple. Stupefying headache, about four o'clock.

September 18.—Used tincture. At 1.30 took dose, 10 gtts. second dose; same amount at 1.45. Felt severe pain in right lumbar region.

September 22.—Fifteen gtts. at 1.30 P. M. About 2.15 felt severe pain directly over right temple. Heavy sensation, feeling like a lump in right lumbar region, directly over hip-joint; severe vertigo. Skin over frontal bone very tight, accompanied with feeling of skin continuing to contract. This sensation of tightness of scalp was very marked. Great desire to urinate, but only a small amount was passed each time. Some pain in penis while urinating.

November 27.—Tincture. Took fifteen gtt. at 8.45; twenty-five gtt. at 9.45; fifty gtt. at 11.30; fifty-five gtt. at 12.30. Amount of urine passed, forty-five ounces during twenty-four hours after taking drug, sp. gr. 10.28. Felt a great desire to urinate about 11.30; passed quite a large amount. In a short time I again felt a great

desire, but the amount passed grew less at each time of urinating, while the desire increased. Severe burning and aching pain in the penis while urinating. There was also a severe and dull pain in the bladder; this pain did not seem to abate immediately after urinating. The urine had a very cloudy appearance after standing in a vessel a short time. This dull aching pain in bladder continued for some two days after taking drug. It was to such an extent as to cause me to fear inflammation of the bladder.

September 15.— C. C. P., female — Twelve M., first dose thirtieth; 1.30 P. M. Second dose, two P. M., very sleepy, eyelids feel very heavy, almost impossible to keep them open. Feeling as if blood pressed into face, especially forehead worse. Dull frontal headache, face quite hot and rather flushed. Sleep very much disturbed and full of tiresome dreams of many persons, places and things.

September 16. — Dull headache all the morning, skin of forehead feels loose. Very sleepy during morning till noon. Seven P. M., another dose. Thirty minutes past seven, same dull headache, with inclination to scowl, but no relief from it.

December 7. — Third, thirty minutes past eight, P. M. Nine, full feeling in frontal region, with dull pain, and integument of forehead feels as if *drawn tight*, especially on looking up, with heat in face, no redness. Heavy sleepy feeling in eyelids till 10 P. M. Second dose, same tense feeling in integument of forehead, aggravated by opening eyes, with very confused dreams where many people were present, not at all connected. Early in morning, slight pain in bowels with desire for stools not urgent, but three stools during morning, quite thin.

December 8. — Twelve M., another powder. During whole day frequent inclination for stool with slight pain in bowels, no diarrhœa. Five P. M., very sleepy, with headache and tenseness of integument of forehead, which wore off during following day.

IX.

Comparison of Sulphur, Calcarea Carb. and Lycopodium.

By H. V. MILLER, M. D.

These three splendid polychrests act prominently upon the skin, the liver and the three great mucous tracts — the respiratory, the digestive and the genito-urinary systems. They are the chief remedies in the sympathetic group. But sulphur has a special affinity for the skin; calcarea for the glandular system and lycopodium for the kidneys.

Sulphur.

Sulphur is the most important remedy for cutaneous eruptions. It is the remedy for eruptions with voluptious itching — itching, with burning or soreness after scratching, and, like mercurius, it has itching worse from the heat of the bed. Sulphur and calcarea cure rhagades and dry scurfy tetters, but in sulphur the rhagades are developed after *washing*, and in calcarea the rhagades pertain especially to those who work in the water. In sulphur the tetters are scabby, while in calcarea they are burning and chapped, and in lycopodium they are humid and suppurating. Sulphur is generally the great remedy for diseases complicated with cutaneous eruptions, or induced by suppression of these eruptions, hence its prominence among Hahnemann's so-called anti-psorics; but it is almost as well adapted to the treatment of tetters, rhagades and other cutaneous eruptions, as to scabies.

Sulphur and lycopodium are very important in chronic hepatitis, while sulphur is also a remedy for the acute form of this disease. It also has portal congestion, congestion to various abdominal organs, piles, constipation, etc. Sulphur is indicated in chronic catarrh of the respiratory organs when attended with eruptions on the body; catarrh extending to other mucous membranes; chronic bronchitis, with loose cough and thick, greenish yellow expectoration (puls.); chronic bronchitis, with cough worse in the evening when retiring; sleeping in short naps; inclined to excoriations; pneumonia, with crepitant rales; tedious pneumonia; cutaneous eruptions, etc. Calcarea cures catarrh of the air passages, pneumonia, etc., in very fat children, and, like sulphur, it has rattling of mucus in the air

passages. Lycopodium is the remedy in bronchitis and pneumonia, with decided flapping of the alae nasi during respiration; but when this symptom occurs in croup with dry, hoarse, rough cough, generally worse before midnight, spongia is the remedy.

The sulphur diarrhœa usually drives out of bed early in the morning, and, generally, the patient has to be as expeditious as possible, on account of the involuntary tendency. Like aloes, it has faintness after stool, and involuntary stool when expelling flatus (several remedies). Its diarrhœa may be sour, fetid, watery, bilious, changeable (pulsatilla), undigested, and, like chamomilla and mercurius, very excoriating. It has constipation from abdominal plethora; stools hard, knotty and insufficient, especially if accompanied with piles, and great and ineffectual urgency. Lycopodium has a similar form of constipation, but the urgency of the latter is followed by painful constriction of the rectum or anus. Calcarea has thin or watery and whitish stools, or hard, chalk-like stools, similar to podophyllum.

The abdominal symptoms of sulphur most resemble those of aloes, and one of these remedies is often needed to act as a supplement to the other.

Sulphur has relaxation of the testes; also congestion to the uterus, with bearing down in the pelvis. Sulphur and calcarea have congestion to the head during the catamenia, but sulphur also has epistaxis as a complication. All have menorrhagia. Sulphur has menses too early, too profuse and too protracted, with hot flushes, followed by weak spells — vertex-heat, etc. Calcarea also has catamenia too early, too profuse and too protracted, but its subjects have a leucophlegmatic temperament — cold, damp feet, etc. Lycopodium has menses too profuse and too protracted, attended with the peculiar dyspepsia and flatulence of this remedy — four P. M. aggravation, etc. In any other menstrual derangements, curable by either of these remedies, more or less of these characteristic indications may in each case be found. Sulphur, sulphuric acid, calcarea and natrum mur. have sterility, with too early and too profuse catamenia, and mercurius has sterility, with too profuse menses. As a uterine symptom, lycopodium has escape of gas from the vagina (bromine and others).

Sulphur has fetid urine; calcarea and sepia putrid and very offensive urine, sepia having a white sediment in the urine. Lycopodium has foamy urine; sulphur and lycopodium have greasy pellicle on the urine. All have enuresis. Sulphur has nocturnal enuresis in pale, thin, but large bellied children, who *do not like to be washed;* calca-

rea in fat, bloated children, and lycopodium, when there is much red sand deposited from the urine. Sulphur and lycopodium have retention of urine; sulphur, calcarea and lycopodium have hæmaturia, and lycopodium has renal colic and much red sand in the urine.

All three have sleepiness by day and sleeplessness at night. Sulphur has irresistible drowsiness by day and wakefulness the whole night; also, short naps all night, or an exhausting, heavy sleep; sleeplessness from burning feet; waking with happy dreams, or, on waking, singing. Lycopodium has crossness on waking.

All have flushes of heat. Sulphur has hot flushes, followed by perspiration and weak spells; calcarea has hot flushes, followed by anxiety and palpitation of the heart, and lycopodium has hot flushes, with thirst, constipation and increased micturition. Sulphur is a great remedy for congestions, and it is said to be far superior in this respect to aconite or any other remedy in the materia medica. This is doubtless due to its intimate relation to the venous capillaries and to the vaso-motor nerves. It causes congestions to all parts of the body, including portal congestion, abdominal congestion, uterine congestion, facial flushes of heat, congestion to the chest, liver, head, etc. It has hot vertex, hot palms and soles, or cold feet, and on account of its action upon the vaso-motor nerves it is said to be seldom indicated when there is no vascular derangement. It is an important remedy in gout and rheumatism. It cures chronic hemorrhages and scrofulous diseases, that almost get well and then return.

Sulphur subjects are slim and they walk stooping. They have a lymphatic or venous constitution, with swollen veins. Morally, sulphur has peevishness; hypochondriac mood; hasty temper and motion; selfish anxiety about one's own salvation and great indifference concerning others' eternal welfare; melancholy, with tendency to indulge in religious reveries; whereas, an indication for lycopodium is melancholy about one's own salvation, symptomatic of hypochondriasis.

Calcarea Carb.

In goitrous districts calcarea carb. has often been proved to possess a powerful affinity for the glandular system, including the lymphatics. As a glandular remedy, it is superior to mercurius. It produces swelling and induration of the tonsils, the submaxillary, the thyroid and the mesenteric glands; hot swelling of the mammæ and painful swelling of the parotid, the cervical and the inguinal glands. Hence its unsurpassed importance as a remedy in scrofulous affections.

It is indeed indispensable as a remedy for diseases dependent upon depraved nutrition, and especially when the blood is supplied with an inferior quality of chyle and lymph. Such conditions are found to exist in rickets, scrofula and phthisis. And calcarea is invaluable in the treatment of these forms of disease. It is the great remedy for the lencophlegmatic constitution. The following symptoms are characteristic of this diathesis, and of this remedy: Large head (calcarea phos. smaller head); large open fontanelles in infants, large features; pale or dry and flabby skin (calcarea phos. has a dirty or brownish complexion); dry, towy hair, self-willed children, inclined to obesity, excessive fatness, or if emaciated, the stomach is large; soft, flabby muscles; swelling and hardness of the abdomen (silicea); profuse head-sweat mostly on the back part of the head and on the neck, or sweat on the head and upper part of the body (silicea, offensive head-sweat); cold, damp feet (lycopodium); the foot-sweat may be offensive, like that of silicea, but it is not usually offensive and silicea produces soreness between the toes (acrid discharge), while sulphur causes rawness of the soles and in lycopodium, the feet may become sore.

After sulphur, calcarea is indicated when the pupils grow large.

Calcarea is indicated in intermittent fever when the chill commences at two P. M., in the pit of the stomach and when during the chill, a cold, heavy, distressing sensation remains in this locality. The scrofulous diathesis is another indication.

When the menses are profuse and premature, I think of calcarea. Hahnemann testifies that this remedy "is indispensable and curative in such cases, but seldom useful when the catamenia appear at the regular period or a little later." The least excitement may cause the return of the menses.

Calcarea recently did me good service, after bryonia and other remedies failed in a case of rheumatism in the extremities, every movement of which was attended with pain. This and similar attacks had been induced by getting wet, and especially by bathing in tepid or cool water. By taking a bath two years ago the patient brought on violent inflammatory rheumatism and valvular disease of the heart. I now think calcarea would have been a precious remedy at that time. Yet he is not a calcarea subject; he is tall, slim, with dark complexion, dark hair and eyes, suggestive of sulphur, but this drug failed to do any good.

Lycopodium.

Lycopodium is an important remedy for dyspepsia and chronic derangement of the liver, especially when attended with excessive flatulence and much rumbling in the left hypochondrium. Calcarea is said to have rumbling on the right side, and in carbo. veg. there is much distension of the abdomen with less rumbling. Lycopodium may be indicated in dyspepsia, when there is loud croaking in the abdomen (graphites) or constant fermentation as of yeast in the abdomen; when the patient has a great appetite, but a small quantity of food causes distension; when during digestion there is palpitation of the heart, or when the palpitation is increased after eating and when there is a copious lithic acid sediment in the urine.

Lycopodium has much red sand in the urine from crystalized uric acid. The urine itself is clear and transparent. Lycopodium is also characterized by micturition frequent at night and rare and scanty by day. A very severe pain is felt in the back every time before urinating causing the patient to cry out, and while the pain continues, the urine does not start, but it passes when the pain ceases. The obstruction is occasioned by stricture, and the pain in the back is reflex. Borax also has crying and screaming of a child before urinating.

Lycopodium is curative in diphtheria when the exudation commences on the right side of the fauces, with a tendency to the left. In rheumatism, the right side chiefly is affected. It has been found useful in some cases of aneurism.

Lycopodium is to be thought of in crossness of children when awaking, occasioned by unrefreshing sleep. Another indication is hunger when waking at night. This may be a morbid hunger.

Morally it is characterized in common with some other remedies, by depression of spirits. But a better indication is disgust of life produced by physical suffering.

It is oftener indicated in chronic than in acute diseases, and it is suitable particularly for people with sallow complexion and cold extremities. It has a general aggravation of symptoms from four to eight o'clock P. M.

X.

Colchicum Characteristic.

By T. L. BROWN, M. D., Binghamton.

Mrs. M——; age, forty-seven; of nervous, sanguine temperament; mother of six healthy children.

On the 7th of October, 1875, after eight or ten days of loss of appetite and general lassitude, she was taken with spasmodic pains in the lower abdomen; bloody, thin, mucous stools, intermitting with brown, watery stools; very offensive and at times profuse; intense thirst: fever, chills, and dark, scant urine.

In the brown evacuations was observed several small, red, fleshy-looking substances. Once or twice a day she would vomit a watery mucous resembling that passed from the bowels; great exhaustion; dry, short cough, and bloating of the hands and feet commenced about November first.

The above symptoms continued much the same until the fifth of December, when, visiting her that morning, a circumstance led me to select the remedy she then needed. While endeavoring to form a better idea of the true remedy — as I had given her several without the proper result, and had began to think I should fail in her case — she spoke to one of her daughters, saying, "I wish you would shut the kitchen door; the smell of the fish you are cooking is so offensive it nauseates and makes me feel so faint." At once I was reminded of the symptoms so characteristic of colchicum. "The smell of fish, eggs or fat meat caused nausea even to faintness."

I gave her a dose of Dunham's 200th of colchicum each day for six days with the most satisfactory result. She did not need any other remedy. In two weeks she was well, and has remained so up to this date. The necessity of more certainty and confidence in our prescriptions, at the time we make them, is of no small importance. If we can carry in mind a single symptom of each well-proven remedy, not found in any other proving of other remedies, we have the most positive knowledge necessary in our profession.

Another confirming test of this characteristic symptom of colchicum has been afforded me in a similar manner in the same family.

On the twenty-first of September the youngest daughter, aged seven years, was taken with intense pain in the upper portion of the small intestines, not continual, but intermitting; constipation and fever; thick, yellow coating on the whole surface of her tongue; great and constant thirst, with vomiting of a watery mucus; very offensive breath; restlessness and loss of sleep; abdomen distended with gas. For three hours each day both cheeks were extremely red, the redness being distinctly circumscribed and alike on each cheek, with a very marked paleness about the nose and mouth.

At twelve o'clock on the sixth day of the attack, while studying a change of remedy at her bedside, she says, "Mother, I wish you did not have to get dinner; it makes me feel so bad when I smell it cooking."

I gave her colchicum 30th, to be repeated every two hours, until I called at ten P. M. She did not vomit after the first dose; her pains gradually disappeared, and that night she had four hours' good, natural sleep; no return of the fever; appetite restored and the smell of cooking food no longer disturbed her. For her extreme state of exhaustion I gave her milk and whisky in one mixture four or five teaspoonsful every two hours for thirty-six hours. The next afternoon she had a dark but otherwise natural stool — the first one of any kind in ten days.

Her recovery was more rapid than any case of acute enteritis I have ever met with in my practice. In her case the upper portion of the bowels were the seat of inflammation, and hence the constipation, and not the colchicum diarrhœa symptoms, and many others, sufficient to aid in choosing the correct remedy.

In this case, as well as the first one, the characteristic symptom guided me with certainty, as it has often done in other cases.

PART II. SECTION II.

REPORT OF BUREAU OF CLINICAL MEDICINE.

WM. A. HAWLEY, M. D., Syracuse, Chairman.

Dr. W. L. Woodbury.
Dr. R. McMurray.
Dr. Charles Sumner.
Dr. William Wright.
Dr. A. M. Woodruff.
Dr. R. E. Belding.
Dr. L. B. Wells.
Dr. John Butler.

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XI.

Apis Mellifica in Inflammation of the Right Ovarium.

By WM. A. HAWLEY, M. D., Syracuse, N. Y.

June 8, 1876 — The writer was called about eight P. M., to see Mrs. P., aged eighteen, three years married. She was just recovering her conciousness after two hours of violent hysteric spasms and suffering from intense pain, with great soreness to touch or pressure, in the region of the right ovarium. The pain although constant was characterized by paroxysms, which came on suddenly and stopped as suddenly. During the paroxysms, she writhed from one side of the bed to the other, sometimes sitting up and sometimes lying, first on one side and then on the other. The skin was moist, the tongue covered with a thin whitish coat, and the pulse eighty. The history of the case showed that she had been sick since the twenty-seventh of March last, at which time she seemed to contract a cold during her menses, being attacked with severe pain in the right ovarian region with some cough and difficulty of breathing. She had been attended from the first, by a physician, who professes to be a homœopath. He first diagnosed the case as "congestion of the lungs." After three or four days it resulted, according to his statement, in "inflammation of the bowels," and finally "settled down" into "inflamation of the ovary." During the progress of the case there appeared, in the doctor's estimation, prolapsus uteri, which required repeated replacement and at last it became necessary to make an examination with the speculum. With that very important and valuable instrument, without which it seems as if some men, and any woman, could not practice medicine, the doctor showed the mother of the patient the inflamed ovary in a state of "great swelling, congestion and redness." The patient or her mother could not tell what, if any homœopathic remedies she had had, but assured me that for more than ten weeks, she had all the time had the pain lulled by morphine. She was still so under the effects of that drug as to be stupid as soon as the violence of the paroxysms abated. This fact, and the sudden coming and going of the violent pains, decided the choice of the remedy and she got Bell.[30] once in two hours; the further use of the morphine being prohibited. June ninth 10.30 A. M., I saw her again and found her

in severe suffering, after a sleep from four to nine A. M. Till four o'clock, she had been very restless and entirely without sleep. The effect of the morphine had mostly passed off, so that she now answered questions intelligently. The pains, which are still paroxysmal, she described as stinging and shooting, extending up to the heart. Urine scanty, with no thirst; skin moist, tongue moist with a whitish coat, pulse eighty. The character of the pains, scanty urine and absence of thirst, made such a picture of apis, that the two hundredth was given once in three hours, with sac. lac. once an hour between. At five P. M., the same day, all the symptoms were much relieved. Lengthened the interval to four and one-half hours, with instructions not to wake her if she slept. June tenth, ten A. M., all the symptoms still further relieved, sac. lac., in solution, once in two hours. This was continued with constant improvement till the fifteenth of the month when the case was discharged cured.

Post Partum Metritis with Peritonitis. Ars. 30.

On Sunday the 17th of September, 1876, I was called to see Mrs. M., four days after her fourteenth labor, during which she was attended by three old school physicians who attempted to deliver her with instruments but failed. After she was left alone, except one female friend, she delivered herself of a dead child, the death of which she thinks was caused by the instruments. After the delivery, one of the doctors returned and delivered the placenta and left medicine for her. What it was does not appear. I found her with an *enormous* tympanitic distention of the abdomen, which was exquisitely tender to touch, over its entire extent. The lochia entirely suppressed, skin very hot and dry, tongue dry with a dirty yellowish coat. Intense thirst for cold water, drinking only a little at a time. Darting, crawling pains, passing up each side of the abdomen, pulse very small and quick; she could only lie on her back and was very restless. I told the attendants that I thought she would die, but left her Arsenicum album[30] to be given once in two hours. The next morning I found the tympanitis and soreness almost entirely gone, the lochia restored and the patient feeling so well that she thought she should not need further attention. Last Sunday, October 1, 1876, I saw her about the cares of her house, entirely well.

Vomiting in Pregnancy, Kali Bich, cc.

BY WM. A. HAWLEY.

Case 1. February 12, 1870, the writer was called to see Mrs. G. T. B., aged about twenty-five, who was supposed, by the friends, to be

in articula mortis. She had vomited almost incessantly for thirty days, rejecting every thing put into the stomach, and her physicians, old school, had that day given it as their opinion that "there was not a shadow of a chance for her to recover." Her husband and the nurse agreed in saying, that for thirty days, the longest interval she had had, when awake, without vomiting had been one hour and a-half. Usually she vomited as often as every fifteen minutes and much of the time oftener. I found her apparently reduced to the last extremity. My examination occupied about twenty minutes, during which she vomited four times and I made the following notes: "Extreme emaciation, with such prostration that she could not turn herself in bed. Constant nausea, which seems to begin in the throat and works down into the stomach. Must lie on the left side — vomits at once if she turns on the right, empty retching, entire loathing of food — cannot bear to see or smell it. Constant thirst, but water aggravates, eyes extremely sunken and very dark about them (her face looked like one in the collapse of cholera), vomits a transparent, stringy, ropy mucus, which stretches from her mouth to the floor and can only be got rid of by wiping away, it is so adherent to her lips; prickly pains in stomach, from left to right. Gets to sleep about midnight and sleeps till about four A. M. Very fetid breath, tongue clean with aphthous spots on the edges, urine dark, nausea aggravated by rising or sitting up, tearing pains in the stomach while vomiting."

The continued nausea, aversion to food, constant thirst, tearing pains and especially the ropy mucus so indicated kali bich. that she got one dose of the two hundredth potency, followed by sac. lac., once in two hours. The nausea and vomiting were immediately relieved and did not recur for eighteen hours and a-half and was at no time after any thing like as frequent as before, although it continued more or less for some two weeks, so that the kali bi. was followed by arsensicum, cc. colchicum 21m. and ipecac cc. with a complete cure.

Case 2. Mrs. F. B., primipara, eight months, just removed to our city from Albany. During the whole period of her pregnancy, she had suffered so much that her physician had advised and urged premature delivery as the only hope of relief. April 15, 1867, I made in my note-book, the following list of symptoms: "Shooting pain beginning under the left scapula and running down the spine into the legs, feeling of a cold hand passing from the back of the neck down the spine, crawling sensation in the back, pains aggravated by lying down and by fatigue, no appetite, desire for coffee, nausea before

breakfast and after tea, and after drinking tea, vomits cold water, constant thirst, constipation of the bowels — no urgency, water disagrees, seems to dodge under the sternum," sac. lac., once in two hours. A study of the case gave me under kali bich. these symptoms: "No appetite, constant and extensive thirst, frequent nausea, especially when walking, at night or early in the morning, ailments from tea, etc. April sixteenth, patient very uncomfortable and discouraged, scarcely able to move about at all; gave one dose kali bich. cc. and sac. lac. once in two hours. April seventeenth, patient met me at the door with "good morning doctor, I am very well, I thank you, come in; I am quite well I thank you." The symptoms, cold hand down the back and all, had disappeared and did not return. On the seventh of May, she was delivered of a healthy child and had a good getting up.

XII.

Clinical Experience with Symptoms which are new and Characteristic of some of the Remedies.

By Dr. R. R. GREGG.

Having been requested both by the chairman of your Bureau of Clinical Medicine, and by your recording secretary, to furnish that bureau with a paper upon clinical experience, I submit the following indications for a few remedies, which I believe are new to those remedies, and also new to the profession.

Arnica for Morbid Singing.

April 8th, 1874, I took a lady patient from the hands of an allopathic physician two weeks after her confinement, and found her suffering from a most violent attack of acute Bright's disease of the kidneys, which he had failed to diagnose.

About ten days before her confinement she was attacked with erysipelas of the face and scalp. This was treated and suppressed by the usual allopathic local applications, and resulted in a still-born child, and, no doubt, also in the Bright's disease that followed.

Symptoms at my first call: Patient anasarcous, the legs, hips and abdomen being much bloated and œdematous, the external genitals enormously distended; pulse 120 and upwards; great debility; constipation; no appetite; profuse flow of nearly colorless urine, which, under the proper tests, was shown to be about one-third albumen, and great sleeplessness, which was attended with constant desire to *sing*, and actually singing some nights most of the night through. I prescribed arsenicum in high potency, and followed it in two or three days with helleborus, to arrest the dropsical action, in which these remedies were partially successful; then gave nux vom. for the obstinate constipation, with some relief, but in other respects the case went on without improvement. The sleeplessness and nightly singing, especially, were very trying to all concerned, and the quantity of albumen discharged did not lessen. For the singing and sleeplessness I gave in succession, with one or two days' action to each, belladonna, stramonium, hyoscyamus, cuprum, etc., but without affording the slightest relief. On my visit the morning of the eighteenth day

of my attendance the nurse admitted me to the house, exclaiming, "Oh, doctor, you must give our patient something to stop her singing and make her sleep, or she will kill us all; she has sung all night long." Upon further inquiry I found that she had sung continuously, or nearly so, for twelve to fourteen hours, without sleep. The singing was much of the time loud and strong. During these eighteen days the quantity of urine discharged had lessened but little, if any, and the proportion of albumen was fully what it was at first, so that, though some symptoms, as the dropsical action, etc., had been materially relieved, there was no improvement in the disease of the kidneys, and certainly there was nothing encouraging in the condition of the mind, which was the worst to be apprehended. The patient was as yet, in the main, rational, excepting in the uncontrollable propensity to sing.

During all this time she had complained considerably, though not greatly, of *soreness* about the small of the back and hips, that it was uncomfortable to lie on the back; but this was far from being as prominent as many of the other symptoms. Having, however, failed in controlling the morbid singing, which was now the most conspicuous feature in the case, I prescribed arnica ^{200}, one dose for the soreness in the back, with little, if any, hope that it would favorably effect the mind, but would enable me to gain a little time to again search the books for some remedy that would cover the case better than any had yet done, and establish a curative action if possible, but which I greatly feared was beyond the power of medicine to do. Further labor and anxiety, however, were unnecessary, for by night, the arnica had so far relieved the patient that she became calm and quiet, slept most of the night, had but very little desire to sing, and said the soreness of the back was much relieved. A rapid improvement in all symptoms followed for four or five days, when the singing propensity renewed itself but in a much milder form, and for which I again tried stramonium, to see if it would show any effect. It however did not in two days, and I then gave arnica again, this time in the 1000th potency, one dose. Following that, there was no more singing, the amount of albumen in the urine rapidly diminished; the urine was more normal in quantity and all other symptoms gave way so effectually that in a few weeks the patient was able to be about attending to her accustomed duties.

Now, I submit to thinking men, how infinitely better it was in that case, as it would be in all others, to persevere in the effort to find

the true curative homœopathic remedy, instead of administering anodynes to cloak all the symptoms, and prevent learning any thing by which we could cure other similar and equally severe cases. Clearly, if an anodyne was ever called for in any case, it was in this, where there were eighteen days and nights passed almost without sleep; but had I given one, and made her borne the severe prostrating and disturbing effects of that, in addition to the terrible effects of her disease, it is equally clear she must inevitably have died, and that opportunity been lost to learn what must cure the great majority, if not all, future cases of this justly dreaded disease, presenting the same combination of symptoms. The very best anodyne or palliative in any case of disease, it matters not how great the suffering or danger, is the one only and purely curative remedy for that case. This will bring sleep always, and *natural* sleep, while it rapidly relieves the greatest sufferings, as I have seen in multitudes of cases, and often will subdue the most dangerous action in from a few hours to a few days, carrying the patient speedily from what seem almost necessary fatal conditions, to fully established convalescence.

As interesting sequelæ of the foregoing case, I will mention that traces of albumen continued in the urine for the subsequent nine or ten months, though with about as good health as she had enjoyed for years, when she again became enciente. The quantity of albumen then increased considerably, and continued so doing the whole term of pregnancy, which was, however, in other respects, borne without any specially serious symptoms. At her confinement, labor continued forty-eight hours and upwards, and for about twelve hours very severely without dilating the os uteri more than three inches. In the intervals of the pains, and until each of these was well under way the os was soft, relaxed and yielding, until it was distended to about the size named, when it would become rigid, hard and unyielding almost as bone. Pulsatilla and nux vom. afforded no aid, when belladonna^{2000}, one dose was prescribed with an immediate giving way of the rigidity, and birth of the child in five or six pains. The next morning, twenty-four hours after delivery, upon calling I found the mother with quite fully developed facial erysipelas. This was treated homœopathically without external applications and cured, after which the patient made a fair recovery and is now better than for some years before her first attack, two and a-half years ago. The urine has not been tested recently to know whether it still shows traces of albumen.

Can there be a doubt that the suppressed erysipelas was the cause of all the long train of sufferings this patient endured, the Bright's disease with all its violent symptoms and danger, and the rigid os eighteen months after the suppression?

Belladonna for a Globular Pulse.

I don't know how to better describe the pulse I mean than to call it globular. It passes under the fingers like a globule, and as it is generally quite firm, that is, strikes the fingers quite firmly, I have often likened it to globules of mercury, passing rapidly in regular succession under the fingers when feeling it. It corresponds the nearest in Dunglison's very full classification of the various pulses, to "*pulse, ardent*; one which seems to raise itself to a point, in order to strike the finger," but it does not give the impression of a point, but of a globule and of nothing else. It is the pulse that almost always attends inflammation of the aortic valves, when they become thickened so they cannot fall back to their places, consequently it generally attends the bellows murmur of the heart, and the beating of this where the "second sound" is wanting. It is also a very common pulse in scarlet fever, more especially in the first and second stages, and is often, though by no means always, attended with visible pulsations of the carotids. I have also frequently met with it in other forms of disease. In all these cases the blood seems to be thrown out by the heart through the arteries in a bolt, so to speak, instead of filling them to give the more gradual rising and recession of the pulse, that is natural.

Well, when I meet with such a pulse, in any case of disease, belladonna is the first remedy that occurs to me as being the leading, if not the only curative, remedy in that case. But don't let me mislead you to think it is *always* the curative medicine in such cases, by my saying that it *occurs* to my mind as ranking so prominently. It will not cure every case of disease attended by such a pulse, but it will very commonly do so, if cautiously administered in single doses. My experience would warrant me in saying it is of great assistance in, if it does not alone cure, half or more of such cases. It will not afford so much relief in old chronic heart diseases (though often in these it is of great service), as it will in acute inflammation of the heart, with such a pulse, and in other diseases where the nervous action of the heart is such as to give that kind of a pulse, without there being any disease of the heart itself.

Some years ago I was attending at the same time a severe and

quite critical case of typhoid fever and a case of small-pox, which was quite severe, though at no time dangerous. In the typhoid fever patient, the globular pulse was present from the first, in the small-pox patient it arose two or three days after the patient was taken down. In the fever case belladonna was the only remedy that showed any especial curative effect from the beginning to the ending of the case in a cure, though other remedies were administered. While in the small-pox case it afforded great relief to pains in the epigastric region and to fever that arose, or increased at the time the globular pulse manifested itself, besides modifying the attack in all other respects very materially.

Another case I cannot neglect in this connection though I fear I shall monopolize too much of your valuable time before getting through. Early on the morning of the 28th of June 1874, I was called in haste to a little girl, three years of age, whom the father feared would die before I could reach her. Upon arriving at the house, I found the patient suffering from most violent inflammation of the heart; she was anasarcous from head to foot, the face and abdomen being the most bloated; and was breathing the most rapidly that I ever saw any person breathe. Her respirations were *one hundred* a minute. Please don't shake your heads and say impossible, till you hear me through, for it was possible in that case. But I frankly confess, if, before that, any physician had told me that a human being could breathe 100 times a minute, and live many minutes, I should have greatly doubted, if not wholly disbelieved, his report. I could not even believe myself in this case, the first time I counted the respirations, thinking I must have made a mistake, but counted three times in succession with the same result each time. Her pulse was about 150 per minute, and the case in every way one of the most alarming kind. The attack had arisen from taking cold on getting up from a mild run of scarlet fever. Upon testing the urine which was quite free, it was found to be nearly one-half albumen, so that here also, we had to deal with a disease, in itself one of the most serious we are ever called upon to treat, and with symptoms of the worst type that could arise even in that disease. As already stated there was inflammation of the heart, the aortic valves were so thickened they could not fall back to their places, consequently there was the bellows murmur, which was loud and distinct, the second sound entirely wanting, and great complaint of acute pain in the

precordial region. And with it all, the globular form of the pulse was very distinct, notwithstanding its great frequency.

In such a case aconitum and arsenicum, would almost necessarily occur to the majority of physicians of our school as the curative remedies in the case, if a cure was to be accomplished at all. They so occurred to me, but from the globular pulse, and my previous experience in prescribing belladonna for it, I gave the preference to that remedy, and administered one dose of it in the 2000th potency. I, however gave no encouragement of cure, telling the parents the child must in all probability die, and that it would certainly die the night following, if not relieved in the course of the day. Three hours later I again visited the patient and found a perceptible modification in all the more alarming symptoms, and by evening so great was the change, that I began to entertain strong hopes of cure. The next day all immediate danger was passed, and in three days the child was so far restored, that her speedy full recovery was assured. The acute pain in the heart subsided in the first twenty-four hours, in two or three days the bellows murmur disappeared, and in its place the "second sound" returned, while the anasarcous condition and albuminous urine were fully controlled in a week or ten days, and the child discharged cured in about two weeks. For the first three or four days and until the danger was passed, the patient received but one dose of belladonna. I watched it very closely and as relief was so marked and rapid from the first it appeared to me useless, if not hazardous to interfere, and I did not for several days, when some different symptoms arose that were more annoying than dangerous, constipation I think it was, for which one dose of another remedy was given, and a dose of one or two other remedies in the same way till the child was fully restored in two weeks, and has continued well to this day.

Bryonia for Ulcerated Mouth.

Three or four years ago, I was called to treat a young lady for exanthema, which *commenced* upon the under lip, but spread rapidly until it involved both lips and then extended into the mouth and on to the tongue, causing swelling and ulceration of the latter as well as all the other parts involved, and was attended with much suffering. The whole face became puffed and pale, with threatening ecchymosis, a purplish hue settling in places here and there upon it as we sometimes see in malignant diphtheria. Constitutional symptoms were also

becoming quite alarming. Pulse 120 to 130 per minute, and rapidly increasing debility.

Arsenicum, two or three of the preparations of mercurius, kali hydriodicum, etc., were prescribed without arresting the symptoms in the least, when I recalled and gave prominence to the fact that the exanthema *commenced* on the under lip. Under this view of the case, I prescribed bryonia^{2000}, one dose. Nothing could have been happier than the effect it produced. In twenty-four hours there was a great amelioration in all the symptoms, and in a few days the patient was discharged fully convalescent.

About a year subsequently to the above case, I had a little patient four or five years of age who had a severe attack of scarlet fever, which was followed by *albuminuria*, about one-fourth of the urine being albumen. And in the midst of this, ulceration of the lips and nostrils set in, which spread over the whole lower lip and down on to the chin over the entire upper lip to the nostrils, which were so ulcerated that they were closed and capped over, and also spread out on to the cheeks. In the meantime the ulceration had gone into the mouth and over the tongue to such an extent as to become very alarming. The lips were raw and bleeding much of the time, and presented that appearance considered so characteristic of arum-tri. The tongue showed something of the same appearance at first, but finally that, as well as the whole inner mouth and throat, became more deeply ulcerated.

I prescribed arum., arsenicum, mercurius cor., etc., without benefit, then arum. again, sulphur and one or two other remedies but still no relief, until one morning as I called and examined the mouth I thought it without exception the worst sight in the way of ulceration I had ever beheld. The entire tongue, and under the tongue, the gums internal and external, the insides of the cheeks, the roof of the mouth, palate and fauces, every point that could be seen was one continued yellow ulcerated surface, with pus streaming from many points, and several quite deep ulcerated places. In short it was like looking into an enormous great ulcer where every point was in active ulceration. No food but liquids could be taken and but very little of that on account of the extreme suffering it caused; pulse at 130 and upwards, and great exhaustion. What was to be done? The remedies I thought ought to relieve had failed to accomplish any thing. I then bethought me of the other case above reported and of the fact that in this one also the exanthema or ulceration *commenced* on the

under lip, and prescribed bryonia^{2,000} one dose. At my visit the next morning I was startled and not a little alarmed to see upon looking into the mouth that the entire yellow ulcerated surface had disappeared, and in its place the whole was covered with blood at every point, and discharging it at the mouth. At first this appeared a much worse condition than that of the day before, and I felt that the medicine had done nothing, or made matters worse, and was on the point of changing it, when it occurred to me that my investigations in another direction had proved conclusively to my own mind, that pus corpuscles were nothing more nor less than decolorized red blood corpuscles, and that a bleeding surface of that kind was a better instead of a worse indication than ulcerated surface covered with pus; that the former was evidence of the parts coming back to their natural condition. Upon investigating matters further this view was borne out by the fact that the child had had a better night, there was less suffering in taking the liquid food and drink, the pulse was considerably reduced in frequency, in fact, all the symptoms were certainly better. I therefore allowed the case to go on another twenty-four hours upon that one dose of bryonia, and the next day found my judgment upon that point triumphantly sustained by the fact that all those points of the mouth and tongue not deeply ulcerated were so far healed that there was neither pus or blood to be seen upon them, the ulcerated places that had gone deeper had a much healthier look, while the constitutional symptoms were all greatly improved. To close the case in as few more words as possible, the mouth and all parts therein were wholly healed in less than a week from the dose of bryonia, and soon after the patient was discharged cured.

It should also be said in conclusion of these two cases that in neither, was any washes or local applications of any kind allowed or used, so that the medicine must have the credit of doing all that was done in the rapid cure of both patients.

Mercurius Solubulis for Erratic Pains.

By erratic pains, I mean pains that more or less suddenly sieze upon any part of the system and continue there from a few minutes to several hours, then as suddenly cease in that part and go to another. The parts successively attacked may be near or remote, and the pains may return to the same parts several times in succession in their wanderings. They are the flying pains that pulsatilla is so often thought of in connection with, and for which, before I found the true

specific, I had prescribed puls. many dozen of times, in the earlier years of my practice, without, however, seeing this drug afford any relief excepting in two or three instances. The true specific for them is merc. sol., that is, it is as fully a specific for such pains as any remedy can be for any one kind of pains occurring under so many varied circumstances and associations and in such different systems as they so often do. I do not claim that it will cure all such cases that may arise in connection with any kind of disease, but do say it has been far more effectual in my hands, in curing various kinds of disease complicated with such symptoms, than any other, and I might almost say all other remedies put together.

I found its power over such pains and the diseases connected therewith, some ten or twelve years ago, in a very severe case of jaundice in a girl of twelve or thirteen years. This had been going on actively several days, the patient had become a dark yellow from head to foot, when a violent neuralgic pain set in upon one side of the chest, and soon changed to the other side, then to the bowels, the left upper arm, the face and head, the hypochondria, back into the chest again and so on. It continued in this way changing frequently for thirty-six hours, in great severity, entirely preventing sleep or rest in any position, and in spite of many remedies, pulsatilla included. Finally, not knowing what better to do, I prescribed merc. sol.^{3000} one dose, to reach the supposed cause in the liver, and awaited results. To my surprise the pains were greatly modified in less than an hour's time, the patient soon fell asleep, not waking in several hours and then with but little pain, which, however, all ceased in a few hours more, and she made a very rapid recovery from the jaundice, etc., and all without further medication.

Several years subsequently I treated at the same time two very severe cases of inflammatory rheumatism — one a man of about thirty years, the other a strong, robust German girl of some twenty-five years — in both of whose cases the naturally erratic character of rheumatism was shown in a marked degree. In both, after the disease had continued about the ankles or knees a few days, not violently, but actively, causing considerable swelling and suffering, it suddenly ceased there and seized upon some of the other joints, where it caused great suffering, but remained only a few hours — six to twelve or eighteen — then would yield there and go to others, and so on until it finally, in part, struck into the chest and on to the heart, soon developing there the bellows murmer and other disturbances.

Having up to that time failed to establish a curative action in either case by means of acon., bry., rhus., bell., colch, etc., I took the erratic character of the disease as my guide and prescribed merc. sol.,[3000] one dose to each, with as fine results as could be desired. Both were soon greatly relieved of suffering, the bellows murmur of the heart disappeared in both in from twenty-four to forty-eight hours, and they made a rapid and satisfactory recovery. If I remember correctly, a second dose of merc. was given to one or both, and a dose of one or two other remedies for some minor symptoms.

I might cite still other cases, but the above are sufficient for our purpose in this connection; but it is my duty to tell you I have found the same fact in several patients who had been poisoned by the mercury in the amalgam filling of teeth, and by the red rubber plates used by dentists, and which are one-third in weight the red sulphuret of mercury. I have seen very severe results in several cases from those causes — pains flying about from one part of the system to another, and which could not be relieved until the filling, or plate, whichever it might have been, was removed. Of course, medication in such cases would be absurd till the cause was removed, and then it must be remedies to antidote the mercury.

Phosphorous for Fetid Stools and Flatus.

In none of the materia medicas or repertories, excepting Boenninghausen's, nor in any of the works upon practice, have I been able to find phosphorous named as causing or curing fetid stools or fetid flatus. Boenninghausen even gives it among the least important of many remedies for such cases, still, if my experience is to be taken as a guide, it stands among the most important of all; in fact, no other remedy that I know, will cure that class of cases to which I refer, but phosphorous. And I am pleased to think that I am enabled to tell you just what kind of fetor it is, in bowel diseases, that calls for this remedy; it is exactly the kind of smell given off by lime that has been used at the gas-works, to run the gas though to purify it of sulphur and other impurities. Often have I met loads of this in the street being drawn off by farmers for fertilizing purposes, and have always been struck with its exact resemblance, in smell, to the diarrhœic stools where phosphorous is the only curative remedy. I know when one once gets the smell they can never forget it; it penetrates the clothing of the patient through and through, so they cannot stir without you will smell it. Their bed will often,

also, be so saturated with it as to give off the smell, and take days to get rid of it.

In such cases I never hesitate to prescribe phosphorous^{3000}, one dose, no matter what the age, condition, or attending symptoms or disease of the patient, and I do not remember ever failing to cure, generally, with the one dose, in any case where it was unattended with necessarily fatal organic changes, as in consumption; and even here it will often afford much relief. With children I have cured many cases of diarrhœa, some recent and some of long standing, with a single dose of phosphorus, where this smell was prominent. And in the early stages of consumption I have saved several patients by prescribing this remedy on that symptom, though it will be found that in these cases many other symptoms will point to this remedy.

Before closing, I desire to add that if any should think those cases given as severe ones are overdrawn, they are respectfully and candidly assured that such is not the fact. Several of them belonged to the worst classes of diseases we were ever called upon to treat, and were among the worst of their type. Indeed I have never seen life saved, when I thought it in greater jeopardy. Nor is there any exaggeration in the statements of the happy effects of the medicine in so quickly subduing the most dangerous symptoms, and curing the patients. And there can be no rational grounds for claiming that any thing wrought the cures, except the medicines administered, and to which the result is attributed. Curative action did not follow any remedies till those were given and then it was manifest almost at once.

And now one point more in conclusion. If like results are sought for by others, with those remedies, upon the symptoms given, the conditions must be strictly complied with, or don't hold me responsible for the failures. Crude drugging or low potencies administered every one, two, or three hours must necessarily greatly aggravate cases of the severity of those given, and send many of the patients to their graves instead of restoring them to health, and thus greatly enhancing the credit of our school of medicine.

XIII.

Clinical Report of the Onondaga County Homœopathic Medical Society for December, 1875, and January, 1876.

By H. V. MILLER, M. D.

Small-pox and Vaccination.

Dr. Miller reported a remarkable case of confluent small-pox as follows:

A lady having a good vaccine pit was revaccinated, but the virus did not seem to take effect. Two weeks afterwards she was attacked with severe varioloid, the eruption soon appearing all over the body. The case then became complicated with uterine hemorrhage, and there were marked typhoid symptoms, great prostration, weak but rapid pulse, *loquacious delirium*, and great *restlessness* and *tossing about.* Stramonium relieved the cerebral symptoms and rhus tox controlled the restlessness and hemorrhage. After the hemorrhage ceased, a second crop of the small-pox eruption appeared, when the surface of the body was completely studded with pustules and umbilicated vesicles. The secondary eruption did not appear until the vital energies had sufficiently recuperated. Then the eruption was fully developed. Four weeks after the attack, desquamation was completed, the crusts having disappeared. This was six weeks from the time when the patient was last vaccinated. Then the vaccine virus took effect and the vaccine disease progressed regularly through all its stages. Afterwards the patient made a good recovery.

Two weeks after exposure three other members of the family who had been thoroughly vaccinated, had symptoms of aborted varioloid for two or three days.

Dr. Miller believed that of those who have once been thoroughly vaccinated, nineteen out of twenty will be protected through life. Vaccination seems to afford as perfect a protection as to have once had small-pox. Many have died of a second attack of small-pox. Hence varioloid so called, may prove more violent than small-pox. Vaccination often takes effect in subjects who have had small-pox or varioloid. Hence the need of repeated revaccinations to serve as tests of the primary vaccination or of the primary small-pox protection.

Dr. F. Bigelow had treated but a few cases the past year. In all

his practice he had treated about a hundred cases and lost only five per cent. When in London he called on J. J. G. Wilkinson, M. D., who was opposed to vaccination. Instead of vaccination he gives hydrastis can. 3, as a better prophylatic, and as his principal remedy in small-pox.

Dr. Hawley — Teste says that small-pox will be aborted by the use of mercurius cor. With this remedy lately he had apparently aborted two cases of small-pox — the patients both being children.

The first child had often been vaccinated, but the vaccination never took effect. The second day of the disease there were two on three distinctly umbilicated vesicles, with headache, backache and fever. The third day the eruption was all over the body. Mercurius cor. was given and not a single pustule filled. The case was apparently aborted.

In the other case, the child had been vaccinated and the vaccination had taken effect. About forty pointed pimples appeared in different parts of the body, and it was a clear case of varioloid. Mercurius cor. was given as before, and no pustules filled. Both cases seemed to corroborate Teste's observation that small-pox is aborted by mercurius cor. He saw no indication of mercurius except the soreness of the throat. He had noticed many curious results of vaccination.

Of 200 children that he had vaccinated all but two had been previously vaccinated, and nearly all had perfect scars. The revaccination took effect in over 100 of these cases. He always revaccinated his family when he had any thing to do with small-pox. He reported a fatal case of varioloid thirty years after having the small-pox.

Dr. Greeley — It is said, and truly, that vaccination will take effect with more vigor during a small-pox epidemic than at any other time. A second attack of measles is liable to be more violent than the first attack.

Dr. Hawley — The same is true of small-pox. Among the Irish a second attack is believed to be fatal.

Dr. Brewster had vaccinated his son three times at different periods of his life, and each time with perfect success. In one case of varioloid he used variolinum with good results. In some cases of vaccination its protective power runs out.

Typhoid Fever.

Dr. Miller reported as follows on the recent typhoid fever epidemic: Typhoid fever and typhoid pneumonia prevailed quite extensively

last fall in this vicinity and when the whisky treatment was adopted, such cases were characterized by a remarkable fatality. No such fatality attended their proper homœopathic and hygienic treatment as he knew from experience. It is simply absurd to dose sick people in any case with powerful and poisonous drugs. But in typhoid fever which is characterized by prostration, it is most absurd and idiotic to persistently dose the patient with whisky, brandy, quinine and morphine mixed with beef tea and then imagine that all has been done that is possible to promote recovery. A recovery in such cases is almost miraculous because it is accomplished in spite of the treatment. From every quarter comes the same report that a very large proportion of the cases thus treated prove fatal. What if the stimulant does temporarily raise the pulse? When the dose is omitted the pulse becomes so much the weaker. The theory that alcohol is food is a very mischievous one. It arrests waste and repair. Proper food contains nitrogen. Alcohol is a carbonaceous substance. The apparent strength given by alcohol is very fallacious. It irritates and excites nervous force but to depress and exhaust that force. Artificial excitement is always followed by corresponding vital depression; but the resulting depression is generally ignored. Instead of removing the cause of the fever which is usually blood-poisoning, whisky aggravates the difficulty by serving to carbonize the blood, already surcharged with carbonic acid gas. This is adding fuel to the fire. But even if the patient does recover, he is liable to die a drunkard. Syracuse contains about 100 physicians to 50,000 inhabitants, or one physician to 500 people. If every doctor on an average prescribes whisky for his patients half of the time, how long will it take temperance societies to suppress the liquor traffic?

Sulphur and Phosphorus.

Dr. Hawley — A phosphorus cough is characterized by a tingling soreness and rawness, but a sulphur cough has a tickling sensation in the air passages.

Dr. Brewster — Case of bronchitis, with dry, hacking cough worse during the day. Phosphorus cured.

Dr. Marks — Phosphorus hoarseness is worse towards night.

Dr. Hutchins related his first experience in homœopathy. It was in a desperate case of typhoid pneumonia, pulse too frequent to be counted, constant delirium, dry, racking cough. Aconite until the palms were moist, and then phosphorus. In two hours the cough

was loosened and the patient safe. When prescribed in congestion of the lungs, phosphorus had never failed him.

Dr. Hawley had often verified the following phosphorus indications: Small wounds bled much. A scratch bleeds and it seems as if the bleeding would never stop. Cord like light-colored stools passed with difficulty. The feet feel hot to the patient though they may be cold. Phosphorus is often suitable for diseases of tall, slim people.

He had also often verified the following indications of sulphur: Faint feeling in the stomach, patient can not wait for dinner. Hot vertex, hot palms and hot soles. The patient complains of hot vertex, and it may or may not be hot objectively.

Dr. Greeley often prescribes sulphur to arouse the slumbering vitality when apparently indicated remedies fail. (It doubtless removes from the case, the scrofulous element that proved to be an obstacle). He reported a case of pneumonia cured by sulphur.

Dr. Miller often prescribed sulphur in various diseases, particularly those of infants, when the palms and soles are hot. When they have a fever those parts may be the hottest. There may be hot vertex. If there is a diarrhœa, it is usually excoriating and is worse at four or five o'clock A. M. Sulphur is to be thought of in pneumonia, second stage, when there are crepitant rales. He often used it in acute nasal catarrh and in bronchitis. A sulphur cough is often worse at night in bed.

He often used phosphorus, but principally in affections of the larynx, trachea and bronchia, characterized by a sensation of soreness or excoriation when coughing or talking. In hoarseness and aphonia, the soreness and painfulness of the larynx prevent talking. In croup and bronchitis, the cough is very painful on account of this soreness and sensation of excoriation in the larynx, trachea or bronchia. And the cough is dry from tickling in the throat or chest.

A phosphorus cough is often aggravated by cold air. These indications of phosphorus, he had often verified.

Catarrh of the Posterior Nares.

BY H. V. MILLER, M. D.

Case of several months standing, natrum sulph.[200] Accumulation of mucus in the throat, particularly at night with hawking up of salty mucus in the morning.

Calcarea Carb. and Graphites.

Dr. Miller gave a general outline of the characteristic indications of each of these important remedies as follows:

Calcarea Carb.

Calcarea carb. is suitable particularly for affections of leucophlegmatic children and of women who have copious catamenia; plethoric or lymphatic persons with a disposition to blenorrhagia, an inordinate secretion of mucus, to coryza or diarrhœa; for obesity of young persons; muscular weakness; muscles soft and flabby; cervical glands swollen (scrofula); atrophy and other sufferings of scrofulous children. It is often an indispensable remedy for defective nutrition and the various diseases depending upon this condition. Its best subjects are rather corpulent from an excess of adipose tissue and a deficiency of muscular and osseous tissue. If the child be emaciated, there is an enlargement of the stomach or abdomen. The skin may be dry and shriveled.

Other Characteristics.

Vertigo, when ascending especially in young people; scalp-sweat on the neck and occiput during sleep; hair dry, looking like tow; vertex-heat or icy coldness; dentition slow from the beginning, or irregular; inability to wear tight clothes around the hypochondria; stools white, chalk-like or thin whitish, sour, undigested; menses too early, too profuse, and lasting too long; in anæmia, throbbing in the head when ascending; leucorrhœa like milk, burning, itching, during micturition and before the catamenia; spinal curvature; cold hands and feet; cold, damp feet; sensitiveness to cold air.

Case 1. Chorea, calcarea carb.[200]. A maiden had had chorea several months, uncontrolled by allopathic treatment. She was subject to cold, damp feet. Calcarea carb. cured in about three weeks.

Case 2. Right lateral curvature of the lower dorsal spinal column, Calcarea carb.[200]. A miss, of leucophlegmatic temperament, had this distortion of the spinal column, attended with more or less severe neuralgic pains, extending around to the abdomen. She was subject to cold, damp feet. A few doses of this remedy were given, and the patient was kept most of the time in a recumbent position. Cure in about six weeks.

Graphites.

Graphites is an important remedy in herpetic eruptions, based upon a scrofulous diathesis. When the eruption is moist, there is a glutinous exudation. This dries down into a very dry, white scurf. After scratching, the moisture exudes. The hair may be agglutinated, or it may fall out, especially on the vertex, at the sides of the head and the whiskers. Calcarea carb. has an itching, scabby eruption on the head, and the hair falls out, especially at the sides and temples.

In graphites the disposition is mild, and the patient is easily excited to tears, corresponding to pulsatilla. This remedy, like calcarea carb., is suitable for women and children inclined to corpulency.

The following are prominent indications: Indurated, miebomian glands (æthusa swelled); excessive photophobia, and, at night, sensation of dryness of the eyelids; eyelids agglutinated in the morning (see æthusa); dry gum on the lashes in the morning; sticky moisture and excoriation behind the ears; deafness, mitigated by the noise of a carriage — a reflex action; painful dryness of the nose; dry scurf in the nostrils (calcarea carb. gives ulcerated, scabby nostrils); smell too sensitive; facial erysipelas, spreading in rays; rhagades around the corners of the mouth; excessive discharge of fetid flatus; stool hard, knotty, the lumps being united by mucous threads; stools hard, and of too large size, almost impossible to be evacuated; in silicea there is loss of expulsive power in the rectum; varices of the rectum, and between them burning rhagades of the anus; menses too late, too scanty and too pale, like pulsatilla; pimpley eruptions on the face, about the monthly period (sarsaparilla, forehead); profuse white, thin leucorrhœa, with weakness of the back; gouty nodosities on the fingers; finger and toe nails thick and crippled; itching blotches on the skin, here and there, oozing a glutinous fluid; soreness and rawness of the skin, in the bends of the limbs, groins, neck, behind the ears, especially in children; dryness of the parts affected, especially the nares, meatus auditorius, larynx, intestinal canal and conjunctiva. It may restore herpetic eruptions, as soon as the secondary affection is removed, as deafness, asthma and cardialgia. The itching of eruptions at night is characteristic.

Case 1. Mrs. P., mild disposition, light hair and complexion, and blue eyes, had, for six years, suffered from eczema capitis, appearing first on the occiput. This was suppressed with tar ointment. The tetter then appeared on the external ears and in the meatus; a dry, white, scaly itching eruption after scratching, exuding a sticky moisture. When the eruption was out, her general health was better. While nursing she had sore nipples. Then a dry, white, scurfy eruption surrounded the nipple.

Graphites[30], two or three times a day, was followed by a steady improvement, and a cure in four weeks.

Case 2. Herpes zoster with severe neuralgic pains in parts affected preventing sleep at night. Graphites[30].

Case 3. Three years ago Deacon, H., eighty-one years of age, had

ascites with a moist tetter of the legs from which exuded a profuse, watery, glutinous discharge. Graphites[30] two or three times a day with saccharum lact. substituted at intervals, made a perfect cure of both dropsy and tetter in three months and the deacon has been quite well ever since.

Discussion on Calcarea Carb and Graphites.

Dr. Marks had cured two cases of well-marked hydrocephalus with calcarea carb. The children were of a scrofulous constitution with large heads, open fontanelles, profuse head-sweat and protuberant abdomen. Dr. Schenck who was present saw one of the cases which three years afterwards died of a second similar attack.

2. With same remedy he cured a case of chronic prurigo.

3. With graphites, he had cured a case of salt-rheum on the hands which were dry and cracked but some times moist with a glutinous exudation.

4. A child had diarrhœa, chronic; stools whitish; teeth crumbled; emaciation, calcarea cured.

Dr. Garrison with graphites had improved a case of eczema capitis in a rather corpulent lady. Her hair fell out and there was a sticky exudation. There was much mealy scurf and arsenicum high completed the cure.

Dr. Hutchins used calcarea carb. perhaps oftener than he did aconite.

Case 1. Calcarea carb.[3m] Glandular enlargement and induration of the breast of five years standing. Six doses relieved the twinging pains.

Case 2. Calcarea carb.[3] or[30]. A young lady of light complexion and hair and blue eyes, had quinsy and a red, pustular eruption upon the skin. All cured in three days.

Dr. Schenck, case. A lady of small frame, during and after pregnancy had a rash and sore nipples with gummy exudation. Graphites cured in three days.

Dr. Hawley lately cured a patient of consumptive family, of a severe and obstinate cough. Cough worse lying down. Cold, damp feet. Dyspnœa on going up stairs. No sleep at night. Appetite poor. Six powders of calcarea carb, one each night, cured.

With calcarea carb. he had often cured scrofulous ophthalmia of children in the orphan asylum; ulceration of the cornea; distended abdomen; light hair and complexion and blue eyes.

After the ulceration of the cornea is healed, a cicatrix is formed,

constituting opacity. Sometimes this opacity persistently remains obstructing the vision. Graphites is the remedy. He had, with this, cured many cases. He related the case of his daughter who had severe scrofulous ophthalmia; blue eyes, light hair and complexion. Ulceration of the cornea, calcarea carb. cured. Opacity of the cornea remained producing strabismus. Graphites cured the opacity.

Graphites had served him exceedingly well in leucorrhœas of fat women. If the leucorrhœa be thin and watery it may or may not be profuse. In lean subjects it often fails. It has less pruritus than calcarea carb. With the latter he had often cured leucorrhœa with pruritus. Calcarea carb. is one of the first remedies for intensely itching leucorrhœa. In many respects these two remedies are very similar, but their menstrual symptoms are the reverse. Calcarea carb. cures leucorrhœa that is white, not thick, milky.

He had often verified the mental symptom of calcarea carb.: afraid of going crazy or that people will think the patient is crazy.

A consumptive patient complains of feeling so tired. He says: "There is nothing the matter with me but I feel so tired." This is often a troublesome symptom. Dr. H., had often used calcarea carb. in phthisis especially when this symptom was present and always in such cases with good results.

He reported a case of ascites with hepatic derangement, as sequelæ of scarlatina. The child was three years old; the abdomen and extremities were bloated and œdematous; there were *head-sweat during sleep*, sinking spells after waking, stools once in three or four days with *great straining*, *hard*, *egg-shaped* and *white*. Cured in two days. He never knew calcarea carb. to fail in curing such a stool.

He had used all potencies of calcarea carb. from the third trituration upward, but in his experience, nothing below the thirtieth of this remedy succeeded very satisfactorily.

XIV.

Cases from Practice.

By GEO. B. PALMER, M. D.

Case 1. Diabetes Insipidus. Podophyllin 1st.

Willie L., age nine years, small of his age but of general good health, light hair and eyes, active. Complained of no pain, but was passing water frequently. The urine of a light color; no odor. Could get no other symptoms only that he had a great thirst and for large quantities at a time, *and would urinate immediately after drinking water*. This symptom was constant. The urine was clear and colorless as the water he drank. By carefully attending to the matter it was found that he passed from twenty-four to twenty-six pounds of urine per day (twenty-four hours). A portion was subjected to the usual tests for albumen, but none was found. Tests for sugar showed that it was not present. The patient was about the house as usual, and interested in his usual play. His countenance bad, pale and almost bloodless; thin in flesh, though a good appetite. Various remedies were tried in his case: uran. nit., phos. ac., ars., argent nit. nux, etc., but without any good effect. Their use was persevered in for two weeks. About this time, on account of the evident lack of bile in the stools (which were almost white), I gave podophyllin, 1st trit., grain dose, three times a day. The effect upon the urinary secretion was marked and prompt. It diminished very rapidly, so that in one week the quantity became normal; the thirst was gone, and the patient seemed to be cured, and, with only one or two exceptions, has remained well to this time (two and one-half years). The exceptions referred to have been, once or twice, a slight return of the difficulty, when the parents would observe a necessity for the boy to urinate during the night; however, a single dose of the pod. would set all right. This, as I said above, has not occurred more than twice in two years.

Case 2. Diabetes Mellitus. Podophyllin 3d.

The infant son of Mr. L., age one year the day I first saw him. He had never made any attempt to walk, or creep, or stand on his feet. Found him very pale looking, as though there was no blood in him; lips and ears like a corpse. Had been under allopathic treatment for

three months, for trouble incident to teething (no teeth were cut through at this time). On inquiry, I found the child's appetite poor (he had been fed artificially), stomach sensitive, vomiting frequently, bowels constipated and stools white, like chalk. At my request, the mother kept a record of the number of times the child urinated in twenty-four hours, and stated it to me on my next visit, as *forty-three times*. The quantity was, of course, small at each time. I, with difficulty, procured some of the urine and tested it for albumen, but found none. A test for sugar showed its presence *unmistakably*. In this case I began with nitrate of uranim, but got no effect. I afterward tried calc. c., sulph., rhus., phos. a., argent., plumbum, etc., but without any very decided result, only to relieve the stomach and check the vomiting. I directed the child to be fed with a prepared food in place of the milk which had been used. The same symptom was present as in the other case, viz., urinating *immediately after drinking;* also, the same great thirst. After ten days, I gave the patient the same prescription as the other, only the third trituration of podophyllin instead of the first. The effect was remarkable in its prompt arrest of the urinary secretion, and the general recovery of the patient. This has only been three months since I was first called, but the child remains well. The teeth are coming properly, and he begins to exhibit the strength which he should.

I know of no characteristic indication for which I gave the remedy, unless it was in both cases a want of hepatic action, as evidence of the light, chalky stools.

Case 3. Ulceration of the kidneys.

October 10, 1874, called to see M. L., age thirty-eight, farmer, strong, robust in appearance, somewhat intemperate in habits, found him suffering severe pain, in paroxysms, which he referred to the *urethra*, and mostly at the extreme end of the *penis*. There was frequent micturition, but only a few drops passed at each effort, the pain being before the urine passed, and continuing for a little time afterward. I learned that he had been subject to these attacks for two years. The first one occurring suddenly; while raising a heavy weight, he felt a severe, *sharp*, pain through the lumbar region, and also immediately the frequent and painful urination. This lasted for two weeks, and gradually got better., so far as the acute symptoms were concerned, but ever after he was obliged to *urinate* as frequently as once in *two hours*, and sometimes oftener, and the effort was always

attended with some pain, and inability to retain the urine after the disease manifested itself.

Two or three times during the two years, he had an acute attack, like the one I saw, lasting from two to six weeks, in which he suffered terribly. Had been treated mostly by an allopathic physician in the vicinity, who called the case one of *urethretis*. For a few months previous to my visit, had been under the care of a somewhat noted physician in the city of Utica, who pronounced the case *vesical catarrh*, and treated him with local applications of a caustic nature. The urine was sometimes normal in appearance, at others slight traces of pus were seen, also shreds of stringy mucous-like appearances were seen. There was not much fever or thirst only during the most severe paroxysms, which occurred two or three times a day; sometimes no more than once a day. I diagnosed the case one of ulceration of the kidneys, although he never referred his pain to the back; still I found on examination that there was considerable tenderness on pressure over the kidneys — more on the right side. I should also say that during these paroxysms of pain, the testicles, one or both, were drawn up; the penis curved downward as with chordee. This man was under my care for about thirty days. I did not give him any encouragement; told him he would never recover, and did not succeed in relieving him materially. Another doctor was called; he gave a favorable opinion; he was employed. He gradually failed; grew emaciated; urine became milky in appearance; a cough supervened, and he died in December. I immediately, on hearing of his death, asked for, and obtained, the privilege of making a post-mortem examination. The first evidence of disease was found in the kidneys; the right one was only a sac filled with pus, scarcely a vestige of the normal substance remaining; the left containing a large quantity of pus in several sacs, with small portions of the kidney remaining nearly sound. The bladder healthy, though containing pus, evidently passed from the kidneys; the ureters enlarged; the urethra comparatively sound; somewhat irritated; no trace of calculi; no evidences of any vesical or urethral inflammation. Heart and lungs, healthy. The peculiarity in this case is serious and fatal disease of the kidneys, with marked absence of pain which was referred to that region. I could not learn as he ever complained of very much pain in the back or lumbar region. The principal and severe pain was in the urethra, testicles and neck of bladder. The only guide to the disease, in my mind, was the tenderness

on pressure, the drawing up of the testicles and the appearance of the urine, which I tested and found to contain pus.

Macrotyn in Delirium Tremens, and the Opium Habit.

At the Cleveland Homœopathy College, during the session of 1855 and 1856, I was one of the class of forty, who proved cimicifuga (referred to in Hill & Douglas' *Resume* and number ten of the authorities in *Allen's Encyclopedia*). The result of that proving showed to me the intimate relation of this remedy to *mania-a-potu.* The provings at that time were all I think made with *macrotin* the pure *alkaloid*, and this preparation is the one I have most used in my practice. I have always made it my first remedy in delirium tremens. And almost without an exception, have found its action prompt and reliable — to produce quiet and sleep in a short time. The symptoms given by Prof. Allen, point very clearly to this disease, and I think it has proved in my hands, the most valuable remedy which I have found. I have generally used the first trituration of macrotin, dose one or two grains, repeated in from one to three hours, according to the severity of the attack.

I have also used the same preparation in two cases with good results, in persons who were addicted to the use of opium, and who discontinued the drug. I found it to allay the excitement and trembling and prostration which follow, after the opium has been discontinued for a time, and it seems in such cases to induce sleep and dispel the "crazy feeling" (as one patient expresses it) more promptly than any other remedy which I gave. I have a patient now, who has taken morphine constantly for fourteen years, who within the last year has been able to reduce her daily dose two-thirds, using the macrotin twice a day for a few weeks. She made at once a reduction of one-half, without the usual train of bad symptoms, which had occurred in two instances before when a like effort had been made. She feels certain that the macrotin prevented their appearance. In another case in which the patient had very severe general spasms, twenty-four hours after stopping the use of opium, and was almost unconscious when I saw her, the *macrotin* promptly relieved them and she recovered rapidly, in two weeks declared herself free from the desire for opium, and better in every way than she had been since she commenced its use, this was two years ago, and she remains well and with no desire for the drug.

XV.

Cases from Practice.

By J. T. GREENLEAF, M. D., Oswego, N, Y.

Miss A., applied for relief from a difficulty in articulating some words, occasional strangling on attempting to swallow small quantities of fluids, and escape of fluids through the nose on swallowing, a sensation of "clumsiness" in back part of throat. All these were aggravated in the after part of the day or when getting tired. Seemed that patient had had diphtheria in New York city last winter. Five doses of gelseminum[200], cured entirely.

Miss S., complained of violent intermittent pains in forehead over the right orbit, with soreness of the eye-ball and frequent pains in occiput with darting pains in back of the neck. Had tried various remedies in vain, both domestic and scientifically prescribed. Cimicifuga[200], cured in four hours with no return of symptoms.

Many cases of painless, watery, profuse, sometimes greenish, sometimes almost clear and again quite yellowish stools, in children, accompanied by great restlessness, and rapid emaciation, stools in all cases smell like carrion, have this last season yielded like magic to podophyllin[200].

On taking a short trip lately, I was obliged to ride backward for three or four hours, a proceeding which, invariably provokes me into a state of vertigo, nausea and quite frequently vomiting. I was surprised to find myself free from all these uncomfortable symptoms on stepping from the train, but on the following day, I was visited by a peculiar symptom. The dining room with its many tables and people insisted upon rising up very slowly from the point where I was seated, and when the strange sinking sensation which accompanies vertigo when caused by looking off from a hight, began to come upon me, I closed my eyes and the whole room would seem to resume its position on a level with a quick movement like the slam of a box-lid. There was no swimming about of objects, no staggering or reeling on my part and no desire to catch hold of any thing to keep from falling. The same occurred in the horse car and in the street, upon the side walk. Nux vom. did no good for one day. Cocculus[200], relieved at the first dose.

Mrs. W., on visiting the southern part of New York, from a malarial district in Michigan, was attacked with intermittent fever. Had taken quinine without effect, chill lasted into fever and any change of position would bring on chills again. Nux.[30], cured A child in same family was cured by ars.[30] after many other remedies prescribed for symptom, "drinks little but often."

Mrs. G., contracted ague and fever by working in a "creamery," had one chill about nine P. M., and a second one about three A. M. Great general pain before chill, with headache, chill lasted into fever, chilliness during fever on changing position ever so little, great lassitude during apyrexia. Slight uterine hemorrhage all the time, blood bright red and fluid. Nux.[30] stopped all chills, and ipecac, checked hemorrhage.

XVI.

"Intermittent Fever," Case in Practice.

By THOS. FRANKLIN SMITH, M. D., New York.

January 17, 1876. — For many years, the upper portion of the Manhattan Island, known as Harlem, was considered the hot-bed of "fever and ague," and any person going there to reside, was looked upon as a doomed individual. The location was one calculated to engender miasmatic influences. It is flat and low, and at that time, pools of stagnant water were common and abundant. Within the last ten years however, there has been a change in the aspect of affairs; the land has been built upon to a very great extent, and the streets have all been well sewered, so that at the present time, the drainage is as good as in the lower portion of the city, and we are no more liable to these "intermittent fevers," than are those residing lower down town. Still, for several years past, we have had our share of them, and the question has oftentimes been a puzzling one, to know how to treat them. As a general thing, so far as my own experience goes, persons afflicted with "chills and fever" will not consult a physician until after the disease has become well established; and not until, in a majority of cases, they have resorted to quinine. When, at last, they do come to us, they are discouraged and want to be cured in a few days, and if you do not accomplish that, they insist upon your giving them more quinine, or else they will go to some physician who will do so, as they are determined to have the disease knocked in the head at once, by some means or other. Whenever such a patient has come to me, and insisted upon my giving him the quinine, I have always refused to do so. Never, in thirteen years practice in this place, have I ever given a single dose of that remedy, and yet, I flatter myself, that my success in treating "intermittent fevers," has been as great as that of most of my associates.

My rule is this, I always insist upon treating the case "homœopathically," if possible, but if the patient insists upon taking quinine, or threatens, in case I will not administer it, to go to some other physician who will, I then give him a prescription for chinoidine pills, two grains each, with directions to take a pill every two hours,

as soon as he misses one paroxysm, cease giving the chinoidine, and then prescribe ipecac third, three times each day, until the seventh day after the occurrence of the last paroxysm, when I again give the chinoidine, every two hours for one day; this to be followed by the ipecac third as before, this treatment I keep up until after the twenty-first day, and in a large majority of the cases I have treated, there has been no recurrence of the disease.

The most interesting case I ever had was that of a gentleman about sixty-two years of age; I was sent for one morning to go and see him; I found that he had been suffering with intermittent fever for some three or four weeks, and had been growing worse from the commencement; nothing that he had taken seemed to have checked it in the least degree. At last the two physicians who had been attending him, told him that they did not know what more to do for him, and as I had treated several members of his family some time previous, he thought he would send for me. I found him in a very feeble condition; the paroxysms came on at an interval of about nineteen hours, and lasted about four hours, so that there was only about fifteen hours between the end of the sweating stage and the commencement of the next chill. His pulse was very quick and feeble; he had a dry, hacking cough, and he was so exhausted that he could not speak above a whisper. I frankly told him and his family that I had no hope that I could do any thing for him, his age and condition being entirely against him. I at once gave him the chinoidine, two grains every two hours; I visited him again the following day, and found that the interval had been extended from fifteen to eighteen hours, and that the paroxysm had lasted but about two hours, and was quite light. I continued the chinoidine every two hours, and the next day he had no return of the paroxysm, whatever; he continued to improve steadily, and in about ten days he was able to come down stairs to see me, and I dismissed the case as cured. This was about seven years ago, and when I heard from him last, which was about two years since, he was perfectly well and hearty, and had not had any return of the disease since the time I left him, about five years previous.

Another case, of some interest to me, was that of a young boy who had been accustomed to having an attack of this disease every year, about first of May; he had been under the charge of an allopathic physician, who had prescribed quinine very freely. Becoming tired of this, his friends sent for me to prescribe for him. After studying

the case carefully, I gave him ipecac[3], three times a day, and in the course of about ten days, I had him quite well, although I still kept up the ipecac, intending to do so for about ten days longer; on the sixteenth day after the last paroxysm, his grandmother allowed him to go into the yard to play, it being a very misty, damp day, and the consequence was, the disease returned with greater violence than before, the attacks coming on every day instead of every second day, as formerly; for about twelve days, it seemed as though it was impossible to check it in the least; at last, since he had taken so much quinine, I concluded to give him natrum mur.[200]; I gave him one dose of it; the next day he missed the attack; I gave him another dose of the same medicine; there was no return of the disease, and from that time until the day of his death, which took place about ten years afterwards, I think he never had an attack of it.

This season, I do not think I have been obliged to use the chinoidine in a single instance, as I have had no difficulty, whatever, in breaking up the disease in a very few days; the remedy, which has seemed to be indicated more than any other, has been arsenicum, and it has acted promptly and satisfactorily. The paroxysms are irregular, and the three stages not clearly defined. There is excessive thirst, which is easily satisfied with a little water.

XVII.

Topical Use of Alcohol in Local Inflammations.

By C. P. ALLING, M. D.

My attention was first called to the topical use of alcohol in the treatment of local inflammation, by Prof. T. P. Wilson, editor of the Medical Advance. He recommended it in the case of my little girl who had suffered for several seasons, with severe otalgia, accompanied with deafness and ulceration of the external meatus, and for which I had tried specific medication and the various local remedies in common use for years, while the malady seemed every winter to return with renewed force, and we greatly feared it would result in permanent deafness. I applied the alcohol, in dilute form, with the atomizer, and was delighted to see, first, the pain disappear as by magic, immediately; next, the ulcers began to heal and in a few days entirely gone, and, finally, the deafness so far cured, that in a week's time she could hear as well as ever. Subsequently I used the remedy in a number of attacks which she had during the cold weather, and also in other cases, which I was called to treat. I think I do not state it too strongly when I say that in every instance it gave the most perfect satisfaction.

During the same season we had an epidemic of catarrhal ophthalmia, for which I was induced to try alcohol — first, in my own case and afterward in others. The results were no less satisfactory than in the treatment of cases before recited.

The common practice of using hypodermic injections of alcohol in anthrax or common boils is, doubtless, familiar to you all. If used before suppuration has taken place it will, generally, dispose of the boil with but little delay. What I wish, however, to call especial attention to, is the novel practice of using the remedy in treatment of catarrhus æstivus or hay fever, and I will recite one case particularly, in which I used it with marked success. In order that there may be no doubt concerning the nature of the case, I will first give a little summary of its history:

Mr. A. and Mr. M., two gentlemen, residing in Dunkirk, were attacked quite similarly in time and manner, some nine or ten years

since, with symptoms of the disease in a mild form. The attack came on about the middle of August and continued until after a severe frost, which occurred about the first of October. Every year since they have been attacked about the same day and in a similar manner; first with coryza and sneezing and afterward with the dyspnœa and cough, which never abated till after the appearance of frost. For the last four years they have both been to the region north of Lake Superior and remained during the season. While there they were entirely free from all the symptoms of hay fever, but if they delayed a little too long in starting they would come on and follow them until they were well away from land on Lake Huron. And if they ventured home before frost appeared, they had all the worst symptoms as soon as they reached Buffalo and would not get better till after frost came. This is probably sufficient to convice you of the genuineness of the two cases, and that they were very similar to each other.

This season Mr. M., went as far north as the Sault Ste. Marie, but was obliged to return by the fifth September. While gone he was perfectly well, but has suffered the worst symptoms of hay fever since his return. For six consecutive nights, the cough and dyspnœa were so severe that he was unable to lie down, and remained either sitting or standing the whole night.

Mr. A., being unwilling to go from home this year, placed himself under my care, and, as the result proved, very satisfactorily to himself. On the first approach of irritation in the schneiderian, I prescribed inhalation of the fumes of alcohol as they escaped from a wide-mouth vial. Relief was instantaneous, although it was necessary to use the remedy quite often for the first few days. It prevented the sneezing and coryza so perfectly that he said repeatedly, he did not believe he was going to have the attack this season. About the tenth September, however, he was more exposed to dust than usual and afterward from a sudden change of weather during the night he became affected with the dyspnœa. This was soon after his comrade's return and while he was suffering so intensely. For this symptom I prescribed chloral hydr. to insure sleep and he had no more trouble worth mentioning, and started for New York and Philadelphia, about the twentieth September. At this writing, September thirtieth, we have had no frost.

To those unacquainted with the disease, perhaps the report may prove uninteresting or objectionable, but as matter of practical impor-

tance I know it will be appreciated by every physician who has met the disease in its severe forms.

Not to lay too much stress upon the value of the remedy as a cure for all ailments, I will remark that I have found it valuable in topical treatment of leucorrhœa, and almost specific in gonorrhœa. In this latter the dilute alcohol, should be used at intervals of two to four hours, and will not fail to cure many of the worst cases in from eighteen to forty-eight hours.

XVIII.

Autopsy in a Case of Spinal Anæmia.

By H. AMELIA WRIGHT, M. D.

Josephine W., twenty-nine years of age; unmarried; dress-maker; parents living; mother's health always good; father many years the mother's senior; his health has been excellent until past few years; is gradually becoming paralyzed; cause, said to be softening of the brain. Prior to her twentieth year, J. W. had been perfectly well; at that time took cold by being absent from home in the fall of the year, without proper clothing, during a change from warm to cold, damp weather. This caused an illness which confined her to her room for over a month. The physician in attendance, called it a bilious attack. Has never been well since. For the last three or four years has been in a debilitated condition, suffering intensely with pain in the head and spine; with disturbance of vision and noises in the ears. During the past summer her headaches increased in severity, the pain at times becoming excruciating. She menstruated regularly and without pain, until August 3, 1875, after which time the menses did not appear. On September 27, 1875, after a day of great mental strain and physical exertion, consequent upon sending her father to an asylum, she became dizzy and fell. She did not lose consciousness. In assisting her to bed, the upper and lower extremities of the left side were discovered to be paralyzed. For two weeks following, the pain in the head was intense. Typhoid fever followed. Late in November, became convalescent. Appetite returned. Ate injudiciously; had a convulsion; retrograded. About this time had intense pain in the paralyzed parts. December first, had an attack of epistaxis, of which the family could give no accurate estimate as to quantity of blood lost. It was followed by a convulsion. Between December first and January thirteenth, she had six hemorrhages from the nose, two of which lasted for nearly twenty-four hours each, causing great debility. The flow was steady and slow; color light.

This account was obtained from a sister of the patient before my first visit.

January 15, 1876, eleven o'clock A. M. — Found the patient conscious

and perfectly rational; pupils normal; complexion pale, yellowish; lips blanched. Hemiplegia, with hyperæsthesia of extremities of left side. Great emaciation. Pulse weak and rapid. Temperature low. Finds it difficult to breathe, as if from exhaustion. Voice clear, but very weak. Headache general, *not pain in the head.* Ringing in the ears. Tongue sore on the sides; somewhat swollen; not enough to leave impression of teeth. No unpleasant taste. Breath not offensive. Constant thirst; little satisfies. Very little appetite, but takes her nourishment from a sense of duty; retains what is taken. Pain in region of liver. Constipation. Urinates only once in twenty-four hours, and then with some pain and after making several attempts. Urine dark in color, small in quantity, with a reddish sediment. Back becoming very sore from lying upon it; skin not broken. Sleeps only for short intervals; not over thirty minutes at a time. Perspires about the head during sleep and upon slight excitement. Time of aggravation, evening and night; always better after sleeping. Takes her nourishment in a liquid form, through a tube. Complains of her mouth being too sore to eat. Lips and mouth dry; buccal cavity pale, but no appearance of apthæ. Cinchona[200].

Five o'clock P. M. — Patient less nervous. Head still aches. Has not urinated in fourteen hours. Bladder not distended. Cinchona[2].

Sunday sixteenth, eleven o'clock A. M. — Temperature, ninety-eight (under tongue). Pulse, 108. Headache nearly gone; has passed a restless night, owing to increased dyspnœa and stitch-like pains in region of middle and lower lobe of right lung. Pain severe, allowing but two hours sleep during the last twelve. The difficulty in breathing dates back three or four days, I find. Has had no chill, no cough; does not expectorate. Great thirst. Desires to keep very quiet. Bry.[200].

Seven o'clock P. M.—Temperature, ninety-nine and two-fifths; pulse, 102. Less pain in chest; breathes more easily. Has had a quiet day, sleeping for an hour at a time several times. Headache gone. Bry.[200].

Monday, seventeenth, ten o'clock A. M. — Temperature ninety-seven and three-fifths. Pulse 102. No pain in chest, but great dyspnœa. Thirst continues. Mouth parched. Micturates more freely. Having constant, unsuccessful calls to stool; ordered an enema, after which several slight passages without pain. Bry.[200].

Five o'clock P. M. — Temperature, ninety-eight; pulse, 102 intermits. Dyspnœa continues unabated. Bry.[10m].

Tuesday eighteeenth, ten o'clock A. M. — Temperature, ninety-nine; pulse 102, steady. Has slept better. Dyspnœa abated. Micturates more freely. Sulph.$^{1m.}$.

Five o'clock P. M. — Temperature, ninety-eight and three-fifths; pulse, 104. Dislikes cold drinks, even to moisten her lips. Tongue very dry. Intense thirst; drinks often, but little at a time. Great restlessness of limbs. Arsen.^{200}.

Wednesday nineteenth, nine o'clock A. M. — Temperature, ninety-eight and three-fifths; pulse, 100. Arsen.^{200}.

Five o'clock P. M. — Temperature uncertain; pulse, 100. Has been very drowsy all afternoon. Dreams, and talks of her dreams as realities. Dyspnœa increased. This morning objected to taking her nourishment; changed it with satisfactory result; general hyperæsthesia. Constantly planning for herself and family. Very sensitive to sunlight. Cinchona$^{2c.}$.

Thursday, twentieth, ten o'clock A. M. — Temperature, ninety-nine; pulse, 100. Some improvement. Cinchona$^{2c.}$.

Six o'clock P. M. — Temperature, ninety-eight and four-fifths; pulse, ninety-eight. Less dyspnœa. Complains much of the soreness of her tongue. Cinchona$^{2c.}$.

Friday, twenty-first, twelve o'clock M. — Temperature, ninety-nine; pulse, ninety-six. Says she has no pain.

Nine o'clock P. M. — Temperature, ninety-eight; pulse, ninety-six. Mild delirium. Eyes dull; lips dry; tongue dry and leathery. Great thirst, drinks but little at a time. Voice weak. Expression of face changed. Very much weaker. Extremely restless. Arsenicum$^{2c.}$.

Saturday, twenty-second, eight o'clock A. M. — Pulse, 100. Had a chill about twelve o'clock last night. Refuses nourishment, although she can swallow. Cold forehead and nose. Veratrum$^{2c.}$.

Three o'clock P. M. — Became easy in half an hour after taking the veratrum, and has slept most of the time since.

Sunday, twenty-third. — Grows constantly weaker. Veratrum and tartar emetic were the last remedies used. Patient died nine o'clock P. M., January twenty-fourth.

It should be borne in mind that I attended the patient for ten days prior to her death, only. I had consequently to rely principally upon the statement of the family for information, her exhausted condition precluding the propriety of putting many questions or making much physical examination. I was led to diagnosticate the case as one of spinal anæmia, from the general condition, age and sex of the patient,

as well as from observation and information of her having, or having had, the following symptoms: Tenderness over the spinal column, increased by pressure, pain in the spinal cord, vertigo, headache, noises in the ears, disturbance of vision, paralysis, hyperæsthesia of the paralyzed parts, painless contractions of the flexors of the paralyzed hand, neuralgic pain in paralyzed extremities, paralysis stationary, sphincters ani and vesicæ not implicated, alleviation of all the symptoms by the recumbent position. The presence of these, and the absence of those symptoms that would indicate other lesions, pointing, in my opinion, to anæmia, both of the antero-lateral and posterior columns of the cord.

Being desirous of ascertaining, if possible, the correctness of the diagnosis, I requested permission to make a post-mortem examination to which the family consented.

The autopsy was conducted by Dr. Mary H. Everett, assisted by Drs. Phœbe J. Wait and Sarah J. White, with the following result:

Liver enlarged, lower border of right lobe extending nearly to the crest of the ilium, indurated and congested. Adhesions to abdominal parieties, diaphragm and intestines; gall bladder unusually distended; pancreas, stomach and spleen normal in appearance; right kidney small, left normal; uterus and ovaries of normal appearance; bladder the same; descending colon, sigmoid flexure and rectum of small size (that of a large finger). Extensive adhesions of both lungs, commencing a little below apex, posterior as well as anterior on the right side; lower lobe of left lung congested, lower and middle of right the same; left bronchus indurated; slight hypertrophy of left ventricle of heart; adhesions around aorta; examination of the brain revealed red softening of nearly the whole substance of the right corpus extending to the crus cerebri and involving somewhat the optic thalamus. The dura mater was extremely thin, more particularly over the upper portion of the left hemisphere, and above the tentorium on both sides, making it transparent in those localities. Thus confirming the diagnosis, as well by exclusion, as the condition of the brain, which was undoubtedly the result of the anæmia.

XIX.

Aneurism of Abdominal Aorta.

Compiled from Case-book of DUNCAN MACFARLAN, M. D., Member of House Staff of the Homœopathic Hospital, Ward's Island.

F. T., aged thirty-one, single, a native of New York. Entered the Homœopathic Hospital October 6, 1875. Had previously been treated in hospitals at Philadelphia and New Haven, without relief. On entering this hospital he complained of a sensation as though blood was running outside the heart, *i. e.* bubbling over. Felt rushes of blood to the head with vertigo. Burning pain in the abdomen, aggravated when the stomach is empty.

Oct. 7. — Was given verat. vir.[3] *ter die.* diet, milk.

Oct. 8. — Rested poorly the previous night.

Oct. 9. — Temperature 97, slept better last night, and has better appetite to-day.

Oct. 10. — Better, not so nervous, appetite good.

Oct. 11. — Caught cold, had chills and high fever. Aconite[1] relieved him.

Oct. 12. — Better this morning, but complains of constrictive pains in region of the heart. Recipe: Cactus, four times a day.

Oct. 13 to 16. — Very little improvement.

Oct. 17. — Severe pain, could not sleep.

Oct. 18 to 20. — Improving gradually.

Oct. 21. — Caught cold again; severe pain in head and thorax, bruised feeling all over.

Oct. 22 and 23. — A little better.

Oct. 24. — Fearful pain in left chest all night. Recipe: Bry.[30] which relieved him.

Oct. 25. — The pain is very much relieved.

Oct. 26 to Nov. 5. — Has been taking cact. grand. for some time without relief. Has frequently taken cold, and suffered much from pains in thorax, abdomen, head and limbs.

Nov. 5. — The aneurism having become so thoroughly marked and unmistakable, Dr. Helmuth ordered five grains ferri sub sulphate, three times a day, with twenty grains gallic acid three times a day, on alternate days.

Nov. 6 to 9. — Has a great deal of pain in the region of the heart and abdomen, with jerking of the limbs. Cannot sleep at night. Pain ceases about four A. M., and comes on again about five or six P. M.

Nov. 10 to 14. — Has slept but little, not more than an hour or two each day. Pain almost unbearable. Appetite very poor. Can take nothing but milk. Sweats freely at night. Pulsation in aneurism increased in violence.

Nov. 15 to 16. — Little sleep, terrible pain in abdomen and chest.

Nov. 17 to 18. — Discontinued the acid and gave ferri sub sulphas, fifteen drops in half a glass of water, a teaspoonful four times a day. Gave acon.[200] at night, which relieved his fever and restlessness and allowed him to get a few hours sleep. Feels better. Pulsation not so great.

Nov. 20. — But little change. The acid resumed in gradually increasing doses.

Nov. 21 to 30. — Pulsation in aneurism varies, now increasing apparently, and again decreasing. On the whole seems better since he began taking gallic acid.

Dec. 1 to 8. — It is evident that a clot is forming in the aneurism. The patient states that he can at times feel something striking against the walls of the abdomen, from within outward, as if a ball were rolling around in a sack. Has considerable jerking of the limbs.

Dec. 9 to 13. — Has had, for several nights past, wild delirium, talks strangely, is very restless, jumps out of bed, swears profusely, is afraid to be left alone, insists upon constantly being watched. Is exceedingly rude and abuses every one, even his best friends. Is jealous of his nurse, and curses every one who speaks to her. Complains of considerable pain in the head and neck. Had nose bleed, discharge from nose thick and stringy. Pulsation in aneurism very much lessened, within a few days, in fact it has almost ceased. The tumor feels hard and apparently about the size of an orange.

Dec. 15. — Pulsation in the aneurism has ceased. The patient is still weak, and excessively irritable. It is difficult to tell whether this irritability proceeds entirely from the effect of gallic acid, or whether it arises in part from a naturally perverse disposition. It is quite clear, however, that the acid, while it effectually induced the formation of a clot in the diseased aorta abdomenalis, also produced some very marked mental symptoms, which may indicate its value, as a homœopathic drug, in similar conditions of the mind.

On the fifteenth of December, the patient was discharged from the hospital; but returned on a short visit in a few weeks, and stated that he had been examined by several physicians at Bellevue, and in the city, who pronounced him cured.

XX.

Traumatic Epilepsy and Paraplegia Cured with Arnica[200].

From the Case-book of R. B. SULLIVAN, M. D., Member of the House Staff of the Homœopathic Hospital, Ward's Island.

Dec. 24, 1875. — Louis Keiser; Germany; twenty-eight; single; shoemaker; epilepsy and paraplegia. When fifteen years of age he received an injury of the perineum; urethral strictures followed as a result, lasting about three weeks. Has been in good health since until the 15th of November, 1875, when he fell from a load of hay striking the back part of his head on the wagon pole, at the same time sustaining injuries of other parts of the body. He was immediately taken to Bellevue hospital. The fall rendered him senseless and he remained in a semi-unconscious state for three days; the comatose condition was only interrupted by severe epileptic convulsions. During the convulsions there were involuntary emissions of urine, and when not convulsed voided but little. With returning consciousness he had marked delirium and severe pain in the occipital region. Being completely uncontrollable he was locked in a cell for several days. Medicines were given and the delirium lessened; the convulsions increasing in severity and frequency. It was necessary to use a catheter for evacuating the bladder, twice a day; spasmodic strictures existed, which were becoming more decided every day. At this time different sized bougies were introduced, followed by a number three, five and seven catheter. By the first of December, it was impossible, at times, to introduce any instrument without the use of an anæsthetic, which was resorted to and the stricture forcibly dilated. About the twenty-fifth of November he complained of great weakness in the lower extremitiés, and by December first had nearly lost all motor power in them; he was compelled to use crutches. These symptoms continued to increase and December twentieth he was sent from Bellevue hospital to Hart's Island, where he remained but three days and was returned to Bellevue.

He was sent to the Homœopathic hospital, Ward's Island, December twenty-fourth, at which time he could only get along by using his crutches and swinging both legs at the same time — was helped to his ward at four P. M. and before nine P. M., he had five severe

epileptic fits; entered these fits with a scream; then a muscular struggle would begin; the legs would become stiff; the head thrown from side to side; mouth distorted; lips covered with foam; arms rigid or thrown about with great force. The convulsions would gradually become less severe and terminate in fatigue and dullness of the intellect. The abdomen was found to be greatly distended in the lower part, evidencing retention of urine, and a small-sized catheter was introduced, meeting with four strictures which were readily overcome by use of hot oil and gentle pressure; thirty-eight ounces of urine were drawn off. On the following morning, at half-past eight, a number three, five, nine and twelve bougie was introduced by aid of the hot oil, followed by a number five catheter. His sleep was greatly disturbed by convulsions, and by pain in the head and urethra; complained of his head being so sore that he could not lie on it; some acceleration of pulse with sore pain all over the body; appetite good; took arnica^{200} three times daily. At four P. M. the bougies were again introduced, followed by the catheter, and the urine drawn away; he voided a few drops at one P. M. In passing bougies and catheter no anæsthetic was used after his admission to the Homœopathic hospital.

Dec. 28. — Catheterized twice, using bougies previously for dilatation; voided urine twice during the day without the aid of a catheter; complains of some tingling in legs with numbness; sore pains in head and urethra; had four convulsions to-day and three last night; average duration of each, three minutes; receipt, continued arnica^{200}.

Dec. 27. — Voided urine this morning quite freely, with burning pain and passage of some blood; at nine P. M., introduced a number five catheter after some resistance at the stricture; did not use bougies previous to introducing the catheter; increased prickling and sore pains in legs; limbs feel less numb; says he can bear more weight on them now; one convulsion to-day; two last night; duration, same; severity, less; slept better, in fact, the best he has since he received his injuries.

Dec. 28. — Voided urine four times to-day with but little pain, no blood; extremities feel more natural and less pain in them; head quite sore on right side, posteriorly; can stand on legs without crutches, but cannot take a step; no fit to-day; two last night; did not use any instrument in urethra; took sac. lac.

Dec. 30. — Voids the urine quite naturally; stream at times lessened in force; used no catheter yesterday or to-day; extremities

feel quite natural; no pain in head; much less sore; can stand easily without crutches and walk with but one; one fit last night and night before; none through the day; sleep, good; took sac. lac.

Dec. 31. — By putting his hands on the bed or wall, can walk all around the ward; but little pain on voiding urine; no fit last night or to-day; some pain in back part of head similating those preceding a fit; took arnica^{200}, one dose.

Jan. 2. — Has not used crutches all day; has a very staggering gait, but does not tire; no pain in head; sleep, good; no fit since December twenty-ninth; took sac. lac.

Jan. 4. — Walks nearly natural; urethra apparently in a healthy condition; says he feels well; wants to go home.

Jan. 5. — Was discharged greatly improved.

XXI.

Aconite, an Exceptional Remedy in Typhoid Fever.

By H. V. MILLER, M. D.

[Read before the Central New York, Homœopathic Medical Society].

In regard to the utility of aconite as a remedy in typhoid fever there is some diversity of opinion, though, according to the best authorities and the almost unanimous experience of the profession, its curative sphere, if it possesses any in this disease, is very limited.

Hahnemann was the first prover of this remedy, and though he possessed a remarkable sagacity in appreciating the exact curative sphere of drugs, he did not even mention aconite as a remedy in typhoid fever. But, according to his experience, bryonia and rhus tox, were the chief remedies.

Neither in his Therapeutics, nor in his Record of Homœopathic Literature does Raue mention aconite as a remedy in this disease.

Hughes states that "aconite has no influence upon the blood-corpuscles, and so has little control over the fevers resulting from morbid poisons. Hence its use in typhus and typhoid, is mere waste of precious time."

Guernsey says "it is seldom indicated in typhus or in any other conditions of illness, where the blood-globules are disorganized or the blood is impoverished."

Rapou mentions aconite as a remedy in typhoid fever, only when there is excessive arterial excitement.

Currie mentions aconite as a possible remedy in the nervous or cerebral form, but not in abdominal typhus.

Baehr observes that "if aconite is prescribed for the violent fever at the beginning of typhus, it is probably for no other reason than because the diagnosis is not yet satisfactorily cleared up and we do not believe that aconite is capable of exerting either a curative or a palliative effect in typhus."

In his Forty Years' Practice, Jahr does not recommend aconite in any form of typhus, and he says that even in cerebral typhus when the fever has an inflammatory character, aconite is of no use and if the cerebral affection be very prominent, this drug acts even

injuriously. In such cases and especially when there are dry cough and pleuritic stitches, he prefers bryonia. In delirious cases either belladonna, hyoscyamus or stramonium may be indicated. Upon the theoretical recommendation of others, Jahr states that he had used aconite in typhus but never with the least benefit. And he adds his testimony that in genuine typhus, it is never of any use but while trying it, precious time may be lost.

On the other hand Hempel is the principal medical authority for using aconite in typhoid fever and in almost every other form of fever. When a case is diagnosticated typhus abdominalis, he would prescribe aconite every time and claim that this is a pathological prescription. He quotes several cases of aconite poisoning that occurred several centuries ago, by which he undertakes to show various local inflammations produced by this drug. In these cases there was more or less of inflammation of the mucous membrane of the mouth, pharynx, tonsils, œsophagus, stomach and small intestines. But this does not prove that aconite is indicated in typhoid fever, though it may be adapted to many cases of gastritis or catarrhal inflammation of the small intestines. The trouble with pathological prescribers is, that they fail to make a proper discrimination between gastric and typhoid fevers. And they do not seem to realize the fact that different irritant poisons acting upon the same tissues cannot be distinguished from each other by means of their post-mortem phenomena, because there are no characteristic differences. Hence to individualize drugs, a knowledge of subjective symptoms is required. One victim of aconite poisoning had lippitudo, hence a Hempelite would be prepared in any case of lippitudo to exhibit aconite. And he would not care to inquire whether the case occurred suddenly with great pain, redness and photophobia. If aconite should fail to cure he could try apis, arsenicum, calcarea, hepar sulph., etc., until he happened to make a good hit. Another victim of aconite poisoning, had serous effusion in the ventricles of the brain. Hence, Hempel would probably find in aconite a capital remedy for hydrocephalus. Another victim had black blood in his circulatory system, after death. It is supposed that aconite carbonized this blood. Pathological prescribers will be delighted to learn from this interesting case that aconite is a sure cure for all diseases produced by blood decomposition. In some reported cases of aconite poisoning, autopsy revealed an inflammation of the mucous membrane, from the mouth to the small intestines. Hence, pathological prescribers will never be at a loss what to do in

any cases of such inflammation occurring in their practice. Of course they will invariably draw upon their aconite bottle. How easy it is to prescribe the same remedy for all cases of gastritis and intestinal catarrh, without stopping to investigate symptoms; though a discriminating Hahnemannian would not prescribe aconite in gastritis unless the case were induced by a cold, and there was stitch-like, burning and pressing pain in the pit of the stomach, with anguish and fear of death, great thirst and vomiting. And in acute intestinal catarrh, his indications would be: after checked perspiration, frequent, scanty and loose stools with tenesmus.

If Hempel be inclined to exaggerate the curative properties of aconite, his favorite drug, he entirely ignores the utility of other remedies of great value and of world-wide reputation. For instance, without trial and merely on theoretical grounds, he repudiates the provings of animal poisons, including apis and lachesis. It had been proved by allopathic authorities, that animal poisons, when received into the stomach, were comparatively innocuous, though it had not been proved that they were thus rendered absolutely inert. I do not envy a physician's knowledge of materia medica, when he repudiates such remedies as apis and lachesis. Hempel does not reject the provings of cantharis, another animal poison, which might for the same reason be discarded.

Arsenic produces a more powerful lesion of the alimentary canal than aconite and the former is found to be better adapted to adynamic fever.

Those physicians who have had experience with baptisia in typhoid fever, will find that aconite is at best but an exceptional remedy in this disease.

In any fever the morbid condition to which aconite is homœopathic is, according to Hughes, that of "tension of the nervous and arterial systems, manifesting itself by restless anxiety in the one, and chill and heat with thirst in the other." There is an excitement of the heart and arteries and in consequence we find that there are also full, hard, frequent pulse, high temperature of the body, great thirst, restlessness and anxiety about the heart. This excitement of the heart and arteries explains the pathogenetic action of aconite and the importance of its key-notes. But in typhoid fever no such conditions nor characteristics are found to exist suggestive of this remedy. Hempel says that aconite causes a diminution of the fibrin in the blood hence proving its adaptation to typhoid fever. It diminishes

the relative quantity of fibrin only when this constituent exists in excess as in any ordinary catarrhal fever or fibrinous inflammation. But in typhoid fever there is no excess of fibrin and there are no great excitement of the heart and arteries; full, hard, frequent pulse; thirst, restlessness, etc. And instead of nervous tension and excitement there are oppression and prostration.

It is generally conceded that aconite is indicated in such forms of fever as were formerly reduced by blood-letting when the blood presented a buffy coat, the clot becoming cupped on account of its fibrin being in excess. But experience has proved that phlebotomy is a dangerous experiment in typhoid fever or in any other form of fever not characterized by an excess of fibrin in the blood. By a corresponding experience homœopathists have learned that aconite is inappropriate in typhoid fever because it is an antiphlogistic remedy and there is no excess of fibrin in such cases to be reduced. It seems absurd to depend upon an antiphlogistic remedy to reduce an adynamic fever, characterized in all stages by persistent nervous and general prostration. In such condition there is a class of remedies vastly superior, for instance: arsenicum, baptisia, bryonia, gelseminum, rhus tox and sulphur.

The reported cures of typhoid fever by aconite, must be received *cum grano salis.* All recoveries are not cures though aconite or any other drug may have been persistently administered for days and weeks on the routine plan. In spite of almost any treatment, many recoveries will take place especially when the cases are not very serious. And many cases of supposed typhoid fever thus cured, were not typhoid fever, but were either gastric, bilious, catarrhal or rheumatic.

To make an accurate diagnosis of typhoid fever in early stages, it is necessary to test the temperature of the body morning and evening, for about a week, with a fever thermometer, since this fever is characterized by a regular increase of temperature averaging one degree each day; the evening temperature of each day, however, being two degrees above the morning temperature. Whereas, in aconite fevers the temperature of the body is highest in early stages, and there is no such regular increase of temperature each day. According to Trousseau, the disease is not typhoid fever at all when, from the first or second day of the attack, the temperature is 104° (a hundred and four degrees); or when, on the evening of the fourth day, the temperature has not reached 101° (a hundred and one degrees).

A patient of mine was confident that he had typhoid fever, since his symptoms were like those of a former attack of typhoid fever. By testing the temperature on the first day of the fever, I found that it was 104° (a hundred and four degrees), and hence correctly decided that it was not typhoid fever.

Except in hospital practice, such thorough tests are seldom made. Hence, in early stages, a case is often suspected to be typhoid fever, or a patient is said to be threatened with typhoid fever; and almost any other form of fever may, in early stages, be mistaken for typhoid. Such an error in diagnosis may be safely suspected, when aconite is reported to have cured adynamic fever. Jahr states that Goullon's reported case of typhus cured by aconite was not typhus, but simply rheumatic fever with nervous irritation.

In early stages of typhoid fever the tongue becomes dry and brown, and there is often an obstinate constipation of the bowels. In later stages an ominous diarrhœa, with discharges like pea-soup, and a more ominous hemorrhage from the bowels, are liable to occur from the progressive ulceration of the intestinal glands. In aconite provings the tongue is seldom dry, and I think never brown; and aconite is rarely indicated in constipation, and never in diarrhœa from intestinal ulceration. Hence it cannot be well indicated in a type of fever characterized by these conditions. Besides, typhoid fever is a disease which is said to involve the spleen, the glands of the small intestines, and the mesenteric glands. But aconite is seldom indicated in glandular affections. When well indicated in febrile conditions, aconite produces a speedy amelioration of symptoms and effects an actual cure. But in typhoid fever it fails to do this, because not indicated either on pathological or symptomatic grounds.

XXII.

The Pathological Action of Aconite.

By W. C. DOANE, M. D.

[Read before the Central New York Homœopathic Medical Society.]

At the last meeting of this Society, I read a brief article in which I attempted to show that the law of cure claimed by homœopaths to be based upon the doctrine of similars, rested upon a foundation more solid than symptoms, complexion, temperament, sensations and "key-notes."

The article elicited some controversy and proved that many of our medical men in the eager pursuit of "peculiar indications" for the use of certain drugs, had lost sight of the importance of those morbid changes and pathological conditions of which the symptoms were only the shadows of the substance, and without which the picture of the remedy could not be perfected.

The symptoms of many diseases may give us a very correct idea of the use of a certain medicine, which idea is confirmed, provided the morbid changes correspond and the similarity holds good both in the substance and the shadow; in other words a remedy that we consider homœopathic to a certain case is proven so beyond all controversy and doubt if the symptoms and the lesions that it will produce upon the economy, correspond to the symptoms and lesions produced by the disease for which it is administered; if it fail in any point and a recovery occurs, we cannot assert that it is the result of a similar medication, because it has not been similar, hence we see that it becomes a very difficult and intricate matter to prescribe homœopathically for a disease, and absolutely impossible to do so with any degree of certainty, unless we have a reasonable knowledge of the entire picture; as well might an artist attempt to put the likeness of an individual upon canvass by simply knowing his occupation and examining his wardrobe; he might paint his clothes so exactly that intimate friends could recognize them, but from them it would be exceedingly difficult to form a correct idea of the man who wore them.

Symptoms are the garments worn by disease, and only those who are familiarly acquainted with the disease itself, are able to identify

the clothing it wears much less to form a correct likeness of the remedy to be administered. To ignore symptoms and attempt to follow only morbid changes and prescribe only for pathological conditions, is the unmistakable boast of quackery and incontrovertible evidence of inexcusable arrogance and stupidity. To pursue symptoms only, and entirely disregard the morbid changes they announce, is an evidence of ignorance to be wondered at in this age of intellect and progress, and to announce a specific for every trifling sensation that the imagination can conceive, is a monstrous imposition, far better adapted to the dark ages than to ours, when amulets, incantations and charms chased disease and death away and mountebanks like Paracelsus, with his elixir of life lived and flourished.

I did not in my former article, nor do I now, seek to undervalue peculiar indications, either in medicine or in disease, for such often prove a key to unlock a seeming mystery. The musician, starting with the proper key-note, can charm the soul with soft, gentle and melodious strains of harmony, but an uncultivated adventurer, with a key-note only, would startle and shock human sensibilities and by his hideous shrieking of a well selected "key-note," could obtain employment in our western wilds, where the most profitable business of the country is the herding of buffalo.

In medicine, "key-notes" are of value to him who is led thereby into the larger and broader fields of thought and investigation, while they may be dangerous to others who *depend* upon them, for they may induce indolence and lead to distrust and discord in the world of logic and thought.

But I am solicited to say something concerning the morbid changes produced in the human system by one of our most potent and important remedial agents; and here allow me to say that, in my opinion, aconite is the key-stone of the homœopathic structure, having a wider range of action, and is applicable to a larger class of diseases than any drug that has come to our knowledge in modern times. It accomplishes for the homœopath all and more than is claimed by the allopaths for their emetics, cathartics, diaphoretics, alteratives, venesection and the various antiphlogistics they use to combat congestions and inflammations of different organs and tissues, to say nothing of the many painful affections which in their hands only find temporary relief from huge doses of some poisonous narcotic.

Now let us notice some of the pathological conditions produced in the economy by aconite, as well as the symptoms developed, and then

glance at a few of the diseases of which this drug is a faithful picture, keeping in mind that but little can be said in a general way, in a brief article concerning a subject so replete with interest as to justly merit the consideration of volumes.

We are told that as early as 1524, when it was the fashion to experiment upon criminals, who were free provided they endured the trial, that Claudius Richard gave one-eighth of an ounce of aconite to a man, who, after manifesting various signs of suffering in several portions of the body, was at last taken " with a frightful ophthalmia and lippitudo, so painful that he preferred death to so much suffering." In this instance we are confronted with a perfect picture of scrofulous ophthalmia; we find the symptoms and the pathological conditions which accompany that disease, and acting upon the doctrine of similars, we advise aconite as a remedy; now if aconite is administered and a cure follows, we have a right to attribute it to the drug acting in conformity to the sublime law which underlies our system of advanced medicine. If this drug met the symptoms only, or if it covered only a particular symptom and developed no absolute changes in the tissues affected and a cure followed its use, we could not affirm that it was the product of a similar power we claim for drugs, because its action was not similar in the most essential point, viz., the morbid changes.

Unfortunately for our profession that we have not a more extended knowledge of the ultimate effects of drugs, for in the present state of the art, we are obliged to accept as a fact multitudes of cures as the result of medication, without having before us any tangible proofs of material changes or morbid products; here we must rely upon experience and experiment; here homœopathy, with the best and brightest lights, comes in with her law of cure, which, in the absence of pathological knowledge, cannot be disputed, and illumines our pathway; and here too opens before the student and philosopher a vast field to explore, and every incentive to urge him forward and stimulate him in the scientific labor required, by contributing the substantial proofs of pathology that our system needs to perfect its claims.

It is stated in the Dublin Medical Journal for 1842, that the leaves of aconite were eaten, and "in a few minutes the patient experienced burning heat in the mouth, throat and gullet; also the stomach, with a sensation of swelling of the face, great feeling of numbness and creeping of the skin; restlessness, dimness of sight, stupor and partial insensibility and death."

Here we see almost the exact conditions found in several diseases for which aconite is a powerful remedy, provided it is used at the proper period; for example, angina faucium, quinsy, heart-burn and neuralgia of the stomach attended with intense heat, etc. Lest I should be charged with prescribing for a disease by name, let me say here that the name of a disease is a matter of convenience to many who feel that life is too short to describe all maladies in detail. We have some men so prejudiced that they ignore names entirely, they seem to be afraid of *names* and manifest uneasiness when a disease is spoken of by name, as if it would rob the symptoms of their merit. To such I would suggest the abandonment of the names used by the new school in the treatment and description of disease, and in our system of therapeutics; when I meet such notional and freakish brethren, I wonder how they can tolerate with so good grace the names of things that we are told was left for Adam to determine. For myself I am not afraid of a name, in fact I like a name and I find every day that the naming of things is a real benefit to us all. When we speak of a horse, we understand the kind of animal named, when mention of a dog, everybody knows that we refer to a brute that is not good for any thing unless it will bite, and if it does bite, must be killed. In disease the name is supposed to represent certain symptoms and conditions, which readily suggests to our minds a remedy and is one of the benefits resulting from proper classification; this simple matter of names is very important and saves a vast amount of time. For instance: it is much easier to find John Doe in a populous city if you desire to confer a favor upon him, than it would be to look for a small man with light hair, full beard, turn-up nose and plug hat, wearing a black neck-tie, cotton shirt, gray pantaloons, velvet vest, drab coat and bunion plasters upon his feet; a thousand men might answer such a notice, and John Doe whose fortune depended upon his seeing the advertisement, might die in the alms-house and be buried in Potter's field. When you want John Doe advertise for him, if he reports it is all right no matter about his plug hat or boiled shirt; do him the favor and the old garments of poverty will soon give place to those in keeping with his fortune. If I act cross, ugly, restless and uneasy because I have difficult breathing, short cough and violent pain in my side, do not mind my temper or disposition, but give me a remedy for my pleurisy for that is what ails me, and when that is gone I will be more amiable.

In 1844, the July number of the Medical Chirurgical Review contained the following report: "A boy ate the leaves of aconite, and

in two hours complained of burning in the mouth, throat and stomach, followed by swooning and death." A post-mortem inspection showed that "the cerebral vessels were enormously distended with a dark colored fluid; a deep inflammatory blush extended over the whole mucous surface of the stomach with dark-colored patches."

Here we have the symptoms of acute gastritis also congestion of the brain, besides the pathological conditions which prove that the symptoms were reliable. I have not detailed the symptoms as they occurred, for I am only seeking to bring out the pathological condition; if, however, the cases of aconite poisoning are investigated, you will find that the circulation, the dry tongue, the irritable stomach, the tympanitic bowels, the delirium and stupor, the difficult swallowing, the nervous excitement, the ringing of the ears and the loss of hearing, the injected eyes and trembling tongue as well as the post-mortem evidences of extensive inflammation, of sloughing patches and disorganized blood with serous effusion, so gives us a perfect picture of many cases of typhoid fever in which I am forced to believe both from theory and experience aconite is often found an agent of priceless value. I am aware that many of our most learned and most expert symptom hunters have discarded aconite in typhoid fevers, and I am inclined to think that it has been done on account of the name of the disease or a particular fancy, and not because the drug failed to show the important changes developed by the disease.

Prof. C. J. Hempel tells us that aconite causes "a diminution of the fibrin in the blood," a condition that obtains in typhoid fever of a grave character.

Dr. Watzke, of the Austrian Journal of Homœopathy, reports a case of poisoning by aconite, and says that the post mortem "showed engorgement of the cerebral vessels, and that the stomach was covered with blackish and greenish spots"; the very conditions which obtain in jaundice, and the full report gives us the sensations and symptoms that characterize and accompany the disease. Acting upon the doctrine of similars, we will find aconite a prompt and efficient remedy for this disorder many times. If the patient is obtuse, stupid or peevish, we need not waste time or ammunition upon his disposition, or follow his perverted notions or apprehensions of danger, for when the hepatic action and secretion is restored his disposition will take care of itself, or yield to salutary moral influences.

Baldriam, district physician at Brescia, in Italy, relates a case of aconite poisoning in which death speedily ensued, and the post mortem showed "abdomen distended, the vessels of the brain, especially of

the pia-mater and arachnoid, were engorged with an effusion of serum under the membranes and at the base of the brain. The lungs, especially the lower lobes, were filled with black blood. The lining membrane of the stomach, duodenum, and the small intestines exhibited red patches." Here we see many of the morbid changes found in typhoid fever, and an unmistakable case of apoplexy of the lungs.

Baldriam is sustained by Dr. Percyra, of Bordeaux, in his report of March, 1839, where he found the same evidences of inflammation, ulceration, and gangrene under similar circumstances. These statements are corroborated by the investigations of Dr. A. S. Taylor, who has furnished, among other things, a report of a case where death was produced by aconite, and the post mortem showed "great capillary, bright-red congestion of the larger end of the stomach, with softening and separation of the mucous membrane"; and in 1844, Dr. Fleming received a gold medal from the University of Edinburgh for his elaborate and detailed account of the action of aconite, in which he showed that this drug would produce "congestion, inflammation, ulceration and gangrene of the stomach and intestines; that the patients became blind, deaf, and speechless; had wandering delirium, and muscular tremors or slight convulsions," all of which was demonstrated by the post-mortem appearances. These cases could be indefinitely multiplied, but enough has been said to show many of the important pathological changes produced by the drug in question, and suggestive of its use in certain conditions. Enough has been said to prove that, while symptoms are important to enable us to form an ideal picture of a given case, the essential of the whole matter consists in the real and absolute changes to which the symptoms direct us.

Symptoms may be denominated the shadows of the substance; the external signs of internal disturbances; the language of diseased and complaining organs, and he will be the most useful, scientific, and successful physician, who, by diligent study, close observation, and persistent research, can best understand the dialect and interpret the mysterious phraseology of a suffering and languishing nature, and then turn with confidence to the grand and sublime portfolio of logic and philosophy, opened by the illustrious author of our system, and there learn the cheering truth that human want has been anticipated, and that human agony can be mitigated. He will there learn the wondrous truth that every shade of physical disability has been stamped, with unerring certainty, upon those agents that a benign Providence has furnished to meet the wants of our precarious existence.

PART II. SECTION III.

REPORT OF BUREAU OF MENTAL AND NERVOUS DISEASES.

HENRY R. STILES, M. D., Middletown, Chairman.

SAMUEL LILIENTHAL, M. D., New York city, with invited Co-operation of Drs. WM. M. BUTLER, D. A. GORTON and JOEL D. MADDEN.

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XXIII. Natural Psychology, by D. A. Gorton, M. D., Brooklyn, N. Y.

XXIV. Report of Three Cases of Uterine Disease treated, at the New York State Homœopathic Asylum for the Insane, by Miss Georgiana Horton, Female Medical Assistant.

XXIII.

Natural Psychology.

By D. A. GORTON, M. D., Brooklyn, N. Y.

UNITY: — I. Matter and Force. II. Body and Soul.

PROOFS: — III. Physiological Phenomena. IV. Pathological Phenomena.

The farther our knowledge advances, the greater will be the need of rising to transcendental views of the physical world. — [HENRY THOMAS BUCKLE.]

Science is advancing by slow, but no uncertain process, to the classification of all phenomena, and the demonstration of the laws which underlie them. Its domain, therefore, is a wide one, comprehending the universe from its center to its limitless circumference. It is not confined to inductions respecting matter and force, the material substance of nature, nor to life and its correlative forms, but includes mind, and the complex phenomena of human life — social, religious, theological, political — all phenomena that can be classified and arranged into intelligible form and logical coherence. "All science," says M. Comte, "consists of the co-ordination of facts; if the diverse observations were entirely isolated, there could be no science." * According to this view, which, of course, will not be disputed to-day, every thing subject to observation falls within the province of this arch enemy of weak fantasy and shallow sophistry. The request of the adherents of crystallized prejudices and antiquated hierarchies, that science should keep within its proper limits of research and observation, is altogether gratuitous and absurd, since its sphere is boundless; and where science cannot go, nothing but sheer emptiness is.

It is to be further observed that a department of study, which was confined, even among the ancient Greeks, to the sphere of phenomena of the soul of man, is, in these latter days, being extended to a philosophy of the invisible, everywhere. Whereas formerly the term psychology, for example, was used to interpret and signify the attributes and characteristics of the human soul; now its use is not thus restricted, and in this respect, if we mistake not,

* Toute science consiste dans la coordination des faits; si les diverses observations etaient entièrement isolées, il n'y auraient pas de science."— Philosophie Positive, I, p. 131.

the modern conception is equal, if not superior, to the foremost conception of the greatest Greek, the divine Plato himself. It is come to be no misapplication of the term to say "natural psychology," "morbid psychology," "medical psychology," "comparative psychology," etc. Since there are two sides to nature, an objective and a subjective side, and two aspects from which to view phenomena, cause and sequence, the one visible, the other necessarily invisible, every thing has a psychical as well as a physical aspect, and, therefore, has a psychology of its own. There is, then, a psychology of matter, embracing the principles by which it is moved and molded into the countless forms of substance — living, moving, thinking beings. The necessity of bearing always in mind, moreover, that the distinction into *subject* and *object*, which is a purely mental one — for the observer's convenience, not nature's, cannot be too strongly urged upon the observer. All nature is essentially and always a unit, one and indivisible in fact, and it is a wholly gratuitous procedure to attempt to cut her in twain. Mr. G. H. Lewes has well said that "The *subject* is inseparable from the *object* in any real sense; is only separable ideally. As the flower which comes into existence through the action of the sun, incorporates the energy of the sun, and grows by what it takes from the sun, so the sentient organism incorporates the energy of the external, and reproduces all that produced it.*

In respect to the term *law*, as used to explain and interpret phenomena, we observe that it is highly illusory. To say, as does Prof. Draper, as does almost everybody, that the universe is under law, is to say that which has no meaning in the absence of an exposition of what law is. It is more than this: it is, in such sense, misleading, for law is not an agent, but a conception of the intellect; an intellectual summation of the course of things. Mr. Lewes, just quoted, correctly defines law as "the process of phenomena, not an agent apart from them; not an agency determining them, but simply the ideal summation of their positions.† The procession of events transcribes the law which underlies them. If this view be correct, the law of any series of events is deduced by the observer from their procession. All phenomena, therefore, make their own laws, or give the mind the elements or data to deduce them. If one goes back of this method of procedure in phenomena, and inquires after the final cause of it, he will be forced to conclude, as does Despine, that it is

* Problems of Life and Mind. Vol. 1, p. 174. † Ibid, p. 283.

"la volenté du Créateur,"* which is simply an all-powerful creative purpose in the constitution of things.

With these preliminary observations we proceed to the consideration of that which is destined to become in the near future the key-science in the grand arch of medicine, THE PSYCHOLOGY OF MAN.

I. Matter and Force.

Two fundamental facts have been recognized in nature from time immemorial, viz.: matter and force. Excepting the chemical mystics, the Von Helmonts, who sought to transcend the ordinary processes of nature, and to do in physics what the monks professed to do in psychiatry and by a similar prowess, physicists were universally agreed in respect of the nature of one and the agency of the other. Matter was universally regarded by them as having a fixed, definite, stable constitution, consisting of two fundamental kinds, organic and inorganic; the second, under the exclusive dominion of the laws of physics; the first, rising superior, by virtue of a superposed quality to those laws, and controlled, in defiance of them, by the laws of organic life. Chemists applied themselves with commendable industry to discover and classify the primordial elements, and to find the probable limit of their divisibility. One by one these elements were discovered, defined, measured, weighed and duly labeled. Each was presumed to possess an atomic constitution of definite shape and size; and experiments with the molecule demonstrated beyond conjecture that it was *endowed* with molecular force. The forces which were identified with certain forms and states of matter were looked upon as something foreign to it — *properties* — of which matter could be conceived as existing independently. Thus the latter was essentially passive, moving only as moved, subject wholly and passively like an automaton to influences from without, having no agency in a world of never-ending work and activity, but to play a prescribed and subsidiary part. Thus were the atoms regarded by those supposed to be most familiar with nature, as not altogether unlike the stage boys in the play, arranging the scenes and fulfilling such other functions as were necessary to keep up the illusion and perfect the display. Such a view of the nature and offices of the fundamental atoms — of "crude" matter — is prevalent

* "Elle rattache, par la connaissance des lois naturelles, les efforts à leur cause première, la volenté du Créateur qui a fait ces lois. Pour nous, comme pour la plupart de ceux qui les emploient, les expressions: *Nature, des lois naturelles,* n'ont pas d'autre signification." Psychologie Naturelle. Tome I, p. vi.

to-day in certain well-known quarters. Thus says the truly learned physiologist, Dr. W. B. Carpenter, of England:

"The existence of matter is essentially passive. Left to itself it always impresses our consciousness in one and the same mode, and any change in its condition is the result of external agency. What have been termed," he continues, "the active states of matter, are really the manifestations of *forces*, of which we can conceive as having an existence independent of matter, and as having no other relation to it than that which consists in their capability of changing its state."*

This conception of matter was given to the world by him a score or more of years ago, since which time an enormous stride in physical discovery has been made. Lest we do the distinguished author injustice, therefore, we cite what he said on the same subject in 1874:

"It is now generally admitted," says he, "that we neither know, nor can know, any thing of matter, save through the medium of the impressions it makes on our senses; and these impressions are only derived from the forces of which matter is the vehicle. * * * * There seems valid ground for the assertion that our notion of matter is a conception of the intellect, force being that externality of which we have the *most* direct—perhaps even the *only* direct—cognisance." After this brief, lucid interval, however, in which he seems to comprehend the subject, he lapses into his old "automatic" *habit* of thought, and repeats his former dictum in regard to the passivity of matter, in the same terms, only adding: "All its *activities* are manifestations of the *forces*, of which it is the vehicle, and to the exercise of which all the phenomena of the material universe are due."† This will suffice. In claiming for himself an ability to conceive the existence of matter dissociated from force, the learned physiologist is happy in the possession of an imagination rare among his coadjutors in physical science.

Gaudin calls to his aid, in constructing organic nature, an all-powerful creator: "La structure des composées chemiques n'est soumise qu' à la loi mathématique, tandis que, dans la matière organisée, la loi mathématique a été éludée. Dans les germes et dans leurs produits, il existe un manque de symétrie dans l'axe qui dénote une intention formelle, ou mieux dire, une toute-puissance créatrice."‡

* Principles of Human Physiology (third American ed.), p. 541, 1856.

† Principles of Mental Physiology, p. 11, 1874.

‡ Architecture du Monde des Atomes, p. 3.

We fail to see, however, wherein the agency of an all-powerful creator is more manifest in organic than in mathematic forms of matter. The skill displayed in the manufacture of a flower may be of a superior quality to that displayed in the crystal; but each is perfect in its way, and discloses the hand of the same Master — albeit one is simple, while the other is complex. Is the mathematical power, or faculty, inferior in grade to that of drawing and designing? Among men, the mathematician takes high rank in the scale of mentality; it is surely illogical to underrate His status as regards the stratifications of the rocks and the architecture of the earth and heavens.

No student of physics was bold enough, prior to the invention of the spectroscope, to challenge the absolute correctness of these views, or to doubt the exhaustive character of the means and methods used and pursued in their demonstration. Nor were they regarded as materialistic. Dissenting views were by no means wanting, — but they were those of the inspired poets and divinely mad men, whose authority on such subjects was naturally of small value. Thus, Goethe, in "Faust," not inaptly describes matter as the visible garment of the Infinite:

> "'Tis thus at the roaring loom of time I ply,
> And weave for God the garment thou seest Him by." *

Suffice it to say, in passing, that these very crude and simple interpretations of physicists of the elements of nature, are everywhere to-day regarded with dissatisfaction, if not with dissent. They have measurably ceased to command the assent of their former advocates and promulgators — the physicists. Indeed the most eminent of these stand in reverent awe, more truly spiritualistic than the spiritualists, in the presence of the strange phenomena exhibited by the molecule. Its geometric forms; its strong preference for, or dislike of, certain other molecules; its likes and dislikes, attractions and repulsions; its strange transformations and metamorphoses under the

* The following is the German of the whole passage:

"DER GEIST.

"In Lichensfluthen, im Thateusturm
Wall' ich auf und ab
Wehe hin und her!
Geburt und grab
Ein ewiges Meer,
Ein wechselud Weben,
Ein glüpend Leben,
So schaff' ich am sausenden Webstuhl der Zeist,
Und wiche der Gottheit lebendeges Klied."

influence of light and heat, are all impressive mysteries which transcend finite comprehension. The modern prince of materialists is justly confounded by them, declaring that, in his opinion, that which the builder in physical philosophy rejected has become the cornerstone of the structure; that, in other, and less metaphoric terms, matter — the inert, hard, impenetrable atom of the former physicist — "possesses the promise and potency of every form of life." * And another *savant* and *litterateur*, whom no one has ever accused of orthodoxy, declares that "Matter ceases to be an alien, ceases to have the dead, unspiritual character, when we learn that every thing we can possibly know of it is one of the many modes of feeling. All our knowledge of it is the knowledge of our own affection." †

To one who has broken away from the old conception of matter and force, which represented life and nature in open warfare, and has come to view nature as a series of harmonies, ascending without hindrance to one grand consummation, matter appears altogether in a new light — presents altogether different meanings. The conflict merges into harmonious coöperation; it ceases even to be a conception of the intellect. For a physiologist, who has generally been identified with the so-called "vital" school, the views of Dr. Carpenter respecting the nature of matter and force are certainly very crude and unintelligible. Mayer's view of the constitution of matter is more comprehensible. Thus matter, he says, is "all that can be converted into motion."‡ And the lamented M. Papillon's idea of it, while even more comprehensive than Mayer's, has the still greater advantage, in our view, of being scientifically exact. He writes: "Matter is at once form and force, that is to say, there is no essential difference between these two modes of being. Form is but force circumscribed, condensed. Force is but form indefinite, diffuse."§

But we cannot linger among the atoms. Hurrying across the chasm, not to us very wide, which separates the visible from the invisible, and entering the domain of that other mystery in nature, the force-world, we find views equally vague, uncertain and conflicting, respecting the nature of life and its correlative, mind. They to

* Professor Tyndall's address before the British Association, at Belfast, 1873.

† Lewis' essay on Spiritualism and Materialism.—Fortnightly Review, April, 1876.

‡ "Tout ce qui peut être converti en movement."

§ "La matière est donc tout à la fois forme et force, c'est-à-dire, qu'il n'y a pas de difference essentielle entre ces duex modes de la substance. La forme n'est que de la force circonserite, condensée. La force n' est que de la formè indéfini, diffuse." La Constitution de la Matière. Revue des Duex Mondes. Tome, cv. 1873, p. 698.

whom the world has looked with confidence for an authoritative interpretation of that which is apparently the most familiar object in nature — life — are found to disagree *vitally*. It is true that some of the French, and possibly of the German and English savants, notably Cuvier, Magendie and Bichat, early in the present century, advanced doctrines respecting the nature of life, which subsequent demonstrations in physical science, while proving them to be erroneous in fact, have shown to be in the direction of the truth. It is needless to say, however, that their doctrines were rarely entertained by physiologists; the drift of physiological sentiment being to exalt all forces into entities, separate and distinct from the forms of matter in connection with which only they were observed. The attempt to identify life and mind with matter, other than as an *agent* of organization was, until quite recently, within the memory of this generation, looked upon as a heresy of a forbidding sort, and produced no little discord and ill-feeling in the ranks of physiologists themselves, vestiges of which still exist. One class was styled, by way of reproach, chemico-physiologists; the other, vital-physiologists. Much "vital" energy has been spent by each party in support of its favorite doctrine, with results favorable to both, we believe; since between them the truth, which without such controversy must have forever remained unknown, has been approximated.

Those who looked upon matter as not living, as something altogether passive in the construction of the world, found it necessary to *invent* a principle of motion and energy to account for those changes in organic matter which were daily occurring before their eyes. It did not occur to them to question the truth respecting the assumption of *dead* matter. That was a fact supported by the direct evidence of the senses, which it were idle in their view to impugn. It was easier to satisfy the logical mind, and reconcile fact with nature, by assuming the existence of a living force in temporary occupancy of organic matter. This principle was variously named by the metaphysicians of the seventeenth and eighteenth centuries, "vitality," "animal spirits," "soul," etc. Stahl, of the seventeenth century, boldly declared that the principle of organization was no other than the soul. "The body as body has no power to move," said he, "it must always be put in motion by an immaterial principle. All movement is immaterial and a spiritual act."* Dr. Darwin, the grandfather

* Theorie Medicale — cited by Russell. History and Heroes of Medicine, p. 280.

of Charles Darwin, the eminent naturalist, in his Zoonomia, maintains a similar doctrine. "The whole of matter," he writes, "may be supposed to consist of two species or substances; one of which may be termed spirit, the other matter. The former of these possesses the power to commence or produce motion, and the latter to receive or communicate it."* Dr. Whytt, an eminent medical author of the last century, advanced similar views respecting the cause of living actions; but the *spirit*, in his estimate, operated "by the intervention of something in the brain and nerves." This mysterious "something" was, at a later day, supposed to be "animal spirits." And many eminent medical men, as Barry, Mead, Fleming and others, went so far as to describe the precise nature and composition of that peculiar substance. Thus: "The nervous fluid," says Fleming, "or "animal spirits, consists of phlegm or water, oil, animal salt, and earth, all highly attenuated and subtilized, and intimately mixed and incorporated together."† The strange doctrine of *animal spirits*, as the physical basis of life, was long since abandoned; while its illustrious synonym and coadjutor, the *nervous fluid*, is still retained by many as a convenient and practicable medium of communication between body and mind.

Cullen's idea of life did not differ essentially from this view. He looked upon it as something analogous to electricity, when that force was almost universally regarded as a *fluid;* existing, like electricity, in a state of latency in some bodies, and capable, like it, of being *excited* into activity by appropriate stimuli. "So, in our medullary fiber," he observes, "there is a fluid which was present in the germ, but was not excited; and it is in the excited state of this, that I suppose life to consist; and where it is no longer excited in any degree, we call it the state of death."‡ Such an hypothesis upon such a subject, put forth by a man of such acknowledged learning and ability as Cullen, gives one some degree of appreciation of the immense stride philosophy has taken within the present century. Dr. Russell of England, quotes this observation of that eminent man with an air of approval, and remarks that "life consists, according to this view, of a force generated in the nervous system diffused through the animal frame, just as electricity pervades inorganic bodies; the quantity of this vital force varies according to certain conditions, and

* Zoonomia, sec. 1, p. 5. Erasmus Darwin, M. D.

† Fleming's Nervous Fluid, p. 24—cited by Russell, pp. 284, 285.

‡ Physiology and Nosolgy, Vol. I, p. 131.

the knowledge of those conditions will enable us to explain, as well as to obviate, morbid actions." * Perhaps so; and yet how, upon this hypothesis of vitality, one is enabled to differentiate the life-force of a vegetable, or to distinguish it from that of an animal or from that of different animals, it is by no means easy to determine. It is still more noteworthy, however, that the author adheres to the hypothesis of *vitality*, seemingly oblivious of the fact that this discovery of his countryman, Prof. Grove, of the correlation of the physical forces, had already rendered that hypothesis, altogether untenable, placed it on the retired list among the curiosities of medical theories!

We have already alluded to M. Cuvier and others of the French school of the present century, as promulgating views of the nature of life, in advance of their contemporaries. That eminent naturalist recorded his conception of the life-force as follows: "In every being, life is that ensemble of activities which spring from the mutual action and reaction of its parts." † The equally eminent physiologist's definition, although that of M. Cuvier must have been known to him, is less lucid: "Life is the ensemble of the functions which resist death."‡ Here have we enunciated the doctrine of the conflict between matter and the life-forces. Lawrence, an English physiologist of good repute, and a contemporary of Bichat, defined life thus: "Life is the assemblage of all the functions (or purposes) and the general result of their exercise." § A literal translation of that of Bichat would have been better, though both are obviously defective. Coming down to more recent times, we find Dr. Whewell giving this definition: "Life is the system of vital functions." ‖ With equal truth he could have said "the vital function is life." And more recently still, Mr. Herbert Spencer has declared that "life is the continual adjustment of internal relations to external relations," ¶ a definition hardly in keeping with its author's usually clear insight and keen powers of analysis. The adjustment and maintenance of harmony throughout organic nature is doubtless due to the agency of the life-

* History and Heroes of Medicine, p. 328.

† Le Régne Animal, tome I, p. 16: "Dans chaque être, la vie est un ensemble qui résulte de l' action et de la réaction mutuelle de toutes ses partes."

‡ Recherches Physiologiques sur la vie et la Mort, Art. I. — "La vie est l' ensemble des functions qui résiste á la mort."

§ Comparative Anatomy and Physiology, p. 120.

‖ History of Scientific Ideas, Vol. II, p. 98.

¶ Principles of Pyschology.

force. It is a manifest error, however, to suppose that the maintenance of that harmony is life; it is rather the *effect* of life, for without such harmony there could be no life. A juster doctrine is that maintained by M. de Candolle, the eminent French savant and writer, who declares that "Life is the transformation of physical or chemical motion into plastic or nervous motion."* This definition, however, is not wholly consistent with the facts of nature and scientific induction. Life is manifested in the vegetable kingdom, and also in animal forms too low in the scale of organization to possess even the rudiments of a nerve-cell, much less of a nervous system. Hence, it is obviously impossible that such forms of matter should be able to transform physical forces into nervous force. They are wanting in the requisite apparatus. The definition of M. de Candolle would hold good in respect of the nature of mind; it is too broad and sweeping for that of life. We would limit it thus: Life is the correlation of physical force into organic force. It is a sequence of organization, or, at most, coincident with it. Mr. Lewes expresses the relation thus: "Life is not an entity but an abstraction, expressing the generalities of organic phenomena." And again, "Mind is only one of the forces of life." † Its phenomena of life are known only in connection with certain states of matter. Nor can the forces which the phenomena of life represent be conceived as existing independent of those states or without their agency.

Count Veri maintained, according to Feuchtersleben, that "life consists of activity." So does every thing in the universe. Then he enters upon the psychical side of the subject, and continues: "The feeling of impediment to this activity is pain; the feeling of its promotion is pleasure."‡ But in this view the distinguished count is contradicted by that transcendental writer, Feuchtersleben, who avers that "pleasure is not positive enjoyment, but merely the alleviation of suffering."§ The late David Frederick Strauss, although a theologian, leaned decidedly to the scientific mode of interpreting the life-force, says: "If it be a cosmic law that impeded motion is transformed to heat, and heat again begotten by motion — that, in fact, the force of nature as soon as it has disappeared in one form, reappears in another — the possibility surely here dawns upon us that in this retardation of cosmic motion nature may possess the means of summoning new life out of death." The author is here

* Histoire des Sciences, p. 457.

† Problems of Life and Mind, I, p. 106.

‡ Dietetics of the Soul, p. 128, cited.

§ Ibid, p 129.

‖ The Old Faith and the New, ii, p. 181.

speaking of the final subversion of the present cosmic system, and the possibility of its rehabilitation, and the repetition of cosmic phenomena.

The doctrine enunciated by Dr. Brown-Séquard that each tissue in the animal economy correlates life-force peculiar to itself,* is a legitimate outcome of the discovery, or rather demonstration, of Prof. Grove, that all the physical forces are mutually convertible — a demonstration which marks an era, not only in so-called physical philosophy, but in psychological philosophy also.

In respect of the nature of mind our logic has already betrayed the conclusion to which every rational man must come who accepts the premises. The tendency of physical discovery is to break down the time-dishonored distinction between matter and spirit, and to end the short-sighted and ill-natured controversy between truth-loving men, respecting the relative merits or demerits of materialism and spiritualism, by confusing the meaning of their respective terms. Since matter and force are essentially one and the same, the one made visible and each made mutually known by the other; and since, also, the same remark may be as truly affirmed of life and matter, so likewise one may assert with equal propriety, and on grounds equally tenable, the essential identity of mind and matter — or mind and brain, which is the same thing — in the same manner, and no less so than is the molecule and affinity, one and indivisible. The lower nerve-tissue transforms chemical force into motion and sensation; the higher nerve-tissue, the grey substance of the cerebrum — and we believe that of the spinal marrow also — transforms the same material energy into thought and feeling. Dr. Brown-Séquard, in the lecture on the nerve-force, to which we have already referred, maintains that the transformation of nerve-force into motor-force takes place at every moment of our lives. Had he said that the chemical elements were transformed, or metamorphosed, into nerve-tissue "every moment of our lives," his auditors would have been less skeptical of the statement, but its meaning and significance would have been substantially the same; for that, also, is what "takes place every moment of our lives." That distinguished observer believes that light is directly correlated into nerve-force, though "it is not distinctly proven yet."† There is no rational doubt but that the two forces are mutually convertible; and it is the absence of this

* *Vide* his Lecture on the Nerve-Force at Boston, Mass., February 25, 1874.
† Ibid.

doubt, in the mind of an eminent astronomer, that leads him to affirm in such positive terms that "every form of force upon the earth, every action that we perform, all the forms of force we know of, even the thoughts we think, may be said to come from the sun." * And yet, the elementary constitution of the sun, if the revelations of the spectroscope are to be believed, differs in nowise from that of the earth, except that its atoms are in a state of incandescence.

M. Papillon, in the fine essay on *La Constitution de la Matière*, before quoted, has given a definition of mind so entirely consonant with the present attitude of scientific thought, that we give it in his own admirable language: "The human mind," he writes, "is the ensemble of all the energies of nature, since it assimilates them all, distinguishing them by the effect that it produces on the sensations."† And further on, in the same essay, the writer elaborates the idea and applies it to the interpretation of the phenomena of organic life. We give place to a brief paragraph:

"A first view of the world, exclusively analytic, conducts us to a first and undeniable conclusion, the existence of a principle of force and of motion. A second view of the universe, exclusively synthetic, conducts us, as we have just seen, to a second conclusion, which is the existence of a principle of differentiation and harmony. This principle is what we call mind. This mind is not substance, but it is the law of substance. It is not force, but it is the revealer of force. It is not life, but it makes life serviceable. It is not thought, but it is the consciousness of thought." ‡

This clever young writer had, evidently, little faith in the absolute verities of chemical science, and even doubted the competency of that science to deal exhaustively with the elements with which it is most familiar. "When one sees," writes he, "the same elements united in the same proportion by weight, giving rise at one time to innoxious sub-

* R. A. Proctor. Lecture on the Sun. New York, January 8, 1874.

† "La pensée humaine est le résumé de toutes les énergies de la nature, puisqu'elle les assimile toutes, en les distinguant, par le travail qu'elle opère sur les sensations." — Revue des Deux Mondes, cv., p. 705.

‡ *Ibid*, p. 706: "Une première vue du monde exclusivement analytique, nous a conduit à une première et undéniable certitude, l'existence d'un principe d'energie et de movement. Une seconde vue de l'univers, exclusivement synthétique nous conduit comme on vient de le voir, à une seconde certitude qui est l'existence d'un principe de différentiation et harmonie. Ce principe, c'est ce qu'on appelle l'esprit. Aussi l'esprit n'est pas la substance, mais il est la loi de la substance. Il n'est pas force, mais il est le révelateur de la force. Il n'est pas la vie, mais il fait valoir la vie. Il n'est pas la pensée, mais il est la conscience de la pensée."

stances; at another, to terrible poisons, engendering, in one instance, colorless or pale products; in another, brilliant colors, one acquires the conviction that the primordial 'stuff' is of little account, apart from the power of the weaver who arranges the threads, and who knows in advance what will be the appearance of the woof." *

In matter have we, therefore, the foundation of a true psychology, paradoxical as the statement seems. In the study of chemistry and physiology, of pathogeneses and chylo-metamorphoses, but one side of nature is discovered; the other, and most important side, is skillfully concealed from the sensuous observer, by terms which express facts, without uncovering their significance: such, for example, as crystallization, affinity, catalysis, or "the action of presence;" actinic, elective, contractility, sensibility, co-ordination, reflex-action, habit, automata, the "law" of this and of that, instinct, and that famous hobby of Dr. Carpenter — "unconscious cerebration" — on which so many people are riding into notoriety; ideation, etc., terms well enough in themselves, and which mean a great deal, or nothing, according to the mental training of the observer. To him who can discern the other side of material nature, the terms are pregnant with profound meaning. Law becomes the will of Omnipotence. He is conducted by material phenomena into the realm of an awful mystery; into the very ways and thoughts of the Infinite. Crude nature becomes to him one vast laboratory, in which concealed, but cunning hands, work the divinest miracles. Every molecule goes to its appointed place and fills its allotted sphere as by Supreme direction. The little atoms lose, for the time being, those "properties" of which many observers have boasted that they could conceive "as having an existence independent of matter;" and appear, when incandescent, like mathematical points, as they really are, all aglow with celestial flame. Even the hard, impenetrable solids glimmer with crystal light. One feels, in the presence of such phenomena, like uncovering and taking off one's shoes, for the crudest elements of earth seem radiant with life and purpose, exhaustless, and indestructible. It is no wonder that he who lived and worked so long in the chemical laboratory, in the very presence of the majesty of molecular mysteries, should have

* "Quand on voit les même élémens unis dans les mêmes proportions de poirs, donner lieu tantôt à des matière innocentes, tantôt à des poisons terribles, engendrer dans un cas des produits incolores ou pâle, dans l'autre des colores brilliantes, on acquiert la conviction qu'l'étoffe primordiale est peu de chose à côté de la puissance du tisserand qui en arrange les fils, et qui sait d'avance quelle sera la physionomie de la trame." — Revue des Deux Mondes, tome v, p. 702.

grown learned, devout and reverent as he grew old, without the aid of the schools, religious symbols, or the sacred pen-works of antiquity. He, Michael Faraday, to whom we refer, with his crucible and re-agents, chemical and electrical apparatus, lived and communed with God daily, and on terms of greater intimacy than did Enoch of old, or Moses in the light of the burning bush amid the thunders and lightnings of the cloud-capped Sinai!

II. Body and Soul.

In respect of the physiological unity of a human being there exists no two opinions among physiologists to-day; in respect of the unity of his corporeal and mental life, or being, there is, unhappily, division. As it took centuries of hard, earnest work among the atoms to unite them with force, so it seems not unlikely to take as many more centuries to unite into one indivisibility the body and soul of man.

With no intention of reflecting unfavorably on the labors of physiologists, to whom civilization is so much indebted, the method pursued by them in the prosecution of their invaluable researches into the human constitution, has seemed to obscure the identity of that being, Man, whom it was their object to discover and investigate. On the revival of dissection it is noteworthy how curious were the physiologists to discover the seat of that of which the monks held a tradition as existing somewhere in the human body — the soul. For many generations, indeed, the residence of the soul was an object of profound search; and no less a philosopher than the celebrated French metaphysician, Descartes, finally gave it a place in that little body situated in the proximate center of the brain, and afterward known as Pineal's gland!

It would not be paying sufficient respect to the genius of Descartes, however, to call his conclusion on so weighty a matter absurd, for many philosophers, all greater than he, had committed equally grave, blunders on that subject long before him. The divine Plato, who probably never saw the inside of a human body, gave the soul a residence in the head. But then he divided it into a trinity of parts, or elements, which he called the Same, the Other and an indefinable Something different from either, but which was the product of both, very much, we should think, as a chemical compound is formed through the laws of chemical affinity.* First, there is the alkali, then the acid, and in the chemical union of these is produced a third substance, with properties unlike either of the others — a salt.

* Plutarch's Morals, Vol II, p. 330, *et seq.*

Democritus, also, gave the soul a place in the head — in the whole head. Strabo located it in the forehead, between the eyebrows; Erasistratus, in the epiceanis, or membranes of the brain; Parmenides placed it in the breast; as did, likewise, Epicurus, the materialist. Diogenes was more definite, believing that the soul of man occupied the left ventricle of the heart. Empedocles, the celebrated Greek astronomer, thought that it permeated the blood. Pathagorous divided the soul into two parts, animal and intellectual, somewhat analagous to the conscious and unconscious life, the brain and sympathetic system of modern physiologists. Nor was that philosopher far astray in placing one part, the intellectual, in the head; the other part, the animal soul, in the heart. The stoic philosophers, according to Plutarch, very generally gave the soul a place in the heart, and ascribed to it the general character of "hot breath." * Modern theology confounds the soul with the mind, but distributes it impartially between the head and heart.

It would be, on the other hand, no difficult task to cite from the writings of the ancients, as well as from those of modern times, very different, and to us, far more rational ideas in respect of the seat and nature of the soul of man. The Grecian Sage, Thales, taught the existence of a soul which permeated the whole human body, the latter being only its visibility and instrument, so to speak. He likewise invested the universe with a soul of a certain sort, which was its moving and governing power. This soul was no other than the ever-living, moving, acting presence — God. Timæus, too, entertained a similar idea of a human soul, and gave to it "power to be mistress and governess of her inferior servant," † the body. And Plutarch's opinion was not altogether dissimilar. "The substance of the body," he declared, "is no other than the all-receiving nature, the seat and nurse of all created things." ‡ No subject interested the Greek mind so deeply as man, his nature and destiny; nor was there any subject on which they discoursed so profoundly, or in which they showed so deep an insight. § And, perhaps, we have no evidence more conclusive in support of this fact, on the rationalistic side, than that to be found in the writings of the father of philosophy

* *Vide* Plutarch's Morals, Vol. III, pp. 163, 164.

† Plutarch's Morals, Vol. II, p. 335.

‡ Ibid, p. 331.

§ *Vide* Plutarch's discourse on the "The Procreation of the Soul," in which the views of many of the philosophers of ancient Greece are given at considerable length, notably those of Plato. Morals, Vol. II, p. 326, *et seq.*

himself, viz.: Aristotle. That extraordinary thinker has given mankind a rational solution of the occult phenomena of all forms of being, and, if we mistake not, we owe the term psychology to his analytical and versatile genius. The term ψυχή (Psyche), for which we believe no language of modern times has a proper synonym, was used by this great master of thought to denote that principle in organic matter analogous to what the modern physiologist designates life and soul, both. Taken in connection with the human body and brain, it denoted its animating, controlling principle. "Psyche," he writes, * "is to the body as form is to matter, as the impression is to the wax; as sight is to the eye. * * * It is the efficient, the final and the formal cause of the body. * * * The ψυχή, therefore, is inseparable from the body, at all events [from], some of its parts, if it be divisible. Nothing, however, hinders, that some of its parts may be separable from the body, as not being actualities of the body at all." Just as one can conceive the human body may be divided by the loss of an arm, or a leg, or, perhaps, of all the extremities, without destroying the essential and indispensable parts, on the ensemble of which depends the individuality. Moreover, Aristotle regarded all this psychical phenomena as proper subjects for physical science to deal with, since they were inseparable from the body and the form and substance of animated things. Let us thank the gods for giving us an Aristotle, and proceed with our subject.

With the lapse of Greek civilization interest in the subject, from the rationalistic point of view, declined, and remained dormant during the Middle Ages, to be again revived with the revival of letters, and the consequent growth of a spirit of mental freedom and independence. In more modern times the Germans appear to have led the world in that direction; breaking away from the bonds of tradition with more facility than the rest of mankind, and striking out for themselves, fearless and independent courses of thought and inquiry. Thus that German mystic, Novalis, of the eighteenth century, identified the soul and body as substantially one and the same.

* *Vide* Sir A. Grant's Aristotle De Animâ, p. 236. Grote's interpretation of Aristotle's De Animâ, is to the same effect. We add a brief citation:

"In regard to soul generally, the relative point of view, with body as the correlate, is constantly insisted on by Aristotle; without such correlate his assertions would have no meaning. But the relation between them is presented in several different ways. The soul is the cause and principle of a living body; by which is meant, not an independent and pre-existent something that brings the body into existence, but an immanent or in-dwelling influence which sustains the unity and guides the functions of the organism." Vol. II, p. 190.

"There is" says he "but one temple in the world, and that is the body of man. Nothing is holier than this high form. Bending before men is a reverence done to this revelation in the flesh. We touch heaven when we lay our hands on a human body" * What a volume of sublime meaning those words possess! In Novalis' time the habit of viewing the body as the fount of every thing vile and vicious had not been nearly outgrown; and one can well understand how natural it was for zealous Christians to characterize this remarkable man, poet and seer, as a "cracked brain rhapsodist." His unfailing amiability and sweet, poetic life, alone saved him from becoming the victim of a worse fate than that of being branded with opprobrious epithets.

It is interesting to note, also, that He who embodied in his earth-life the fullest spiritualistic conception of existence, was himself no spiritualist in the modern acceptation of that term. He nowhere idealized a soul apart from the body. And in his death and alleged resurrection, body and soul, the form and substance of being, continued to be one and inseparable. "Every thing to him resulted in a palpable realization." "He was," as Renan observes, "a perfect idealist; the material to him being only the sign of the idea, and the real, the living expression of that which does not appear." †

The eminent Strauss, philosopher and theologian, but who was, as every man ought to be, who is either, a philosopher first and a theologian afterward, expressed his views on this subject in a more prosaic, but less comprehensive, manner. "Many of the difficulties environing the problem of thought and feeling in man" he writes, "entirely proceed from this assumption of a psychical essence distinct from the corporeal organs. How, from an extended non-thinking thing, such as the human body, impressions can be conveyed to a non-extended thinking thing, such as the soul is alleged to be; how impulses are retransmitted from the second to the first; in short, how any communism is possible between them; this no philosophy has yet explained, and none ever will. The matter must," he continues, "in any case, be much more intelligible, if we have only to do with one and the same being, of which in one respect extension is predicable, in another thought. Of course we shall be told such a being is not possible. We reply, it exists; we, ourselves, are all such beings." ‡

* Carlyle's Miscellanies, vol. II, p. 292. Novalis.

† Life of Jesus, p. 141 (English ed.).

‡ The Old Faith and the New, vol. II, p. 17. (English ed.)

Returning to the poets, and retracing the lines of our evidence 200 or more years back, to the time of Milton, we find that great poet and thinker recording his convictions of body and soul in language in entire accord with that of Herr Strauss, above cited. "That man is a living being," he writes, "intrinsically and properly one and individual, not compound and separable, not, according to the common opinion, made up and framed of two distinct and different natures, as of soul and body, but the whole man is soul and the soul man; that is to say, a body, or substance, individual, animated, sensitive and rational." And elsewhere, but in the same connection, he combats the notion, for it was never any thing but a notion, that the sacred writings anywhere sanction a different view of man's corporeal being. "That the spirit of man," he repeats, "should be separate from the body, so as to have a perfect and intelligent existence independently of it, is nowhere said in Scripture, and the doctrine is evidently at variance both with nature and reason, as will be shown more fully hereafter." * He then proceeds to support his assertion by citations from the Old Testament, whose authority, in our view, would add nothing to the weight of his own.

The comprehensive conception of that great master of thought and speech on this subject, Goethe, is well known. Moreover, we have already cited (*ut supra*), two lines from his "Faust," which show unmistakably that he was in perfect accord with Milton. Goethe frequently expresses the idea of the visible being but the externality of the invisible; the form being but the garment of the spirit, etc. So, likewise, Carlyle, in his mystical prose-poem, Sartor Resartus, elaborates the same thought, making Teufeldsröchk, the eminent "Clothes Philosopher," enunciate doctrines of human nature the most transcendental. To him the form was the spirit manifest; flesh, its visible garment or embodiment; man, a living soul, one and indivisible. In Carlyle's view † Nature and God are one and the same existence, conformable to doctrines very ancient and which are by no means altogether obsolete in modern thought. "Son of God," "Son of

* Milton's Prose Works, vol. IV, pp. 188, 189. Bohn's edition, London, 1853.

† Thus in Sartor Resartus, in the chapter on Natural Supernaturalism: "* * * Through every star, through every grass blade, and most through every living soul, the glory of our ever-present God still beams." (p. 183.) "Nature, the time restorer of God." (Id.) "These limbs * * * this stormy Force; this life-blood, with its burning passion? They are dust and shadow a shadow system gathered round our ME; wherein through some moments of years the Divine Essence is to be revealed in the flesh; * * * Generation after generation takes to itself the form of a body." (Id., p. 184.)

Heaven," "Emanuel," meaning "God with us," are frequent phrases of very old date and of common usage to express the stature of a being above the average — a man whose cerebral convolutions had grown to the capacity of comprehending the universe. The Greeks and Romans had numerous gods in human form presumably with heads of that caliber, living, moving, human beings, all worthy of being worshipped — Alexander, Cæsar, Socrates, Plato, &c. The latter personage is very commonly spoken of by the Greek writers as divine. So Novalis, of the last century, before quoted, conveys to us the same idea when he declares that "Man is the higher sense of our planet;" "Man is a sun," etc Carlyle, then, is by no means alone in the conviction that "the highest God dwells invisible in that mystic, unfathomable visibility, which calls itself 'I' on the earth." *

In citing these views and reflections of the poets and philosophers of ancient and modern times, in confirmation and support of transcendental views of human nature long entertained by us, we are not unmindful of the fact that the intuitions of that class of minds will not be received as conclusive evidence, perhaps not as evidence at all, by a physiologist. Nor do we give them prominence with that object. Nevertheless, that such evidence should be left out of the count altogether by physiologists, in making up their conclusion, is the worst thing that can be brought against them. This domain of thought is one in which the induction of the physiologist is secondary. The problem is transcendental; embracing the other side of a *surface*, so to say, of which psychologists alone are the more competent to speak. To those who believe in the authority of revelation, as supreme in matters that pertain to the invisible and eternal; the unconscious presence of other personalities; to a universe, in brief, full of transcendent mystery; to those, we say, who realize somewhat these grandeurs, it will be sufficient to say, in the inspired language of Novalis: "Whoso speaks truly is full of eternal life; and wonderfully related to genuine mysteries does his writing appear to us, for it is a concord from the symphony of the universe." The honest declarations of divine men *are* divine revelations. The highest in us instinctively accords to them that pre-eminence.

"Vitality and sensibility, life and consciousness, are abstractions having real concretes. They are compendious expressions of functional processes conceived in their totality, and not at any single stage." † So writes George Henry Lewes; and no one can realize

* Past and Present, p. 155. † Problems of Life and Mind, Vol, I, p. 102.

the force of that view with greater distinctness than the observant physiologist. The teaching of physiology, so far as it is able to teach at all, on this subject — and it can teach by analogy a great deal — is not at variance with the transcendental doctrines of the poet-philosophers. The difficulty with which one has to deal on the physiological side of human nature lies altogether in interpretation. Its professors and writers very properly confine themselves to phenomena, and induction thereon; appealing to the evidences of the lower senses, touch, taste, sight, etc. And he who would arrive at the real, beyond and above the apparent meaning, must be able to "read between the lines;" or, in other words, to transpose liberally the relation of cause and effect — as ordinarily taught. This will be obvious enough as we proceed with the remaining sections of our essay, in which we shall endeavor to put in brief, intelligible form the evidence of physiology and pathology, or a modicum of it, in support of the doctrine of the essential monism of man.

Standing, as we do, between the extremes of philosophic thought on this subject, we cannot but sympathize with all these views of life, mind and soul, incongruous and conflicting as many of them are. We see in each what each observer saw from his little hillock of observation, environed, as he was, with the fogs and mists of his position. Had their mental atmospheres been clearer; had their position been illuminated with clearer light and a more favorable sky, they had seen the real truth. Boil these diverse and contradictory views all down together, and who knows but the pure truth shall be found in the residuum? As for us, we believe in the *archeus* of Von Helmont, and the *spirits* of Stahl; the *animal spirits* of Fleming, and the *nervous fluid* of Whytt and Cullen. Is not archeus generated in the marrow and worked off in automata, directing this hand how to write and what? And what is this red fluid that courses in one's veins but animal spirits? If it could be perpetually supplied to one it would give one perpetual life. Macerate the nerves and ganglia, or put them under hard pressure, and what do they yield if not *nervous fluid?* The very essence and pulp of body and soul, life and mind could thus be collected into one retort for the delectation of those who have a curiosity to handle, weigh and measure entities and abstractions! The flesh and blood, brain and bones of a man is the man himself, are they not? Reduce these several tissues to atoms and what becomes of the man? Can any one doubt that his externality — his vertatum, as Carlyle would say — is

destroyed in the process? or that, if consciousness still remain with him, it must be through metamorphoses of substance and being of which one's ordinary senses can take no cognizance? But we will not push our questions in a direction so profitless, and which brings us only echoes in response.

A human being is so thoroughly human in every fiber and cell — nay, *atom* — of his body, that each is characteristic of him. Every atom is full of him — say, rather, that every atom is an atom of his being, soul and substance, archeus and form, the invisible in the visible, and all in one — and God in all. That idea is unintelligible, says one. It is surely a mystery, but not more unintelligible than that of the Trinity, And what is a mystery if substance be not one? or form, or force, or thought? Does not the whole contain the part — the Infinite the finite? The immortal the mortal? The difficulty that environs this subject is not so much in its exceeding complexity as in man's dimness of vision, and the habit he has contracted of dispensing with the use of his higher sense — the sixth sense — reason. He has been taught by precept and example to bring every fact in nature to the test of the lower senses, and to relegate to faith, blind and unreasoning, what, in this view, could not be so reduced. He has thus become materialistic in all his habits of thought and mode of feeling and being. Even the devoutest Christian has reduced the ideal heaven of Jesus, which is a kingdom to be built up within one's self to an immense Empire, whose capitol glows with splendors modeled after those of the ancient city! And if he cannot give it local habitation in space and time it is because his telescope is not long enough to find a place in the limitless spaces beyond the confines of the stars and suns of limitless solar systems. This materialism, so rank and repulsive when carried out to its logical sequences, is a legitimate result of that tendency "to prove all things" before a court of incompetent jurisdiction — those five senses, sight, taste, touch, olfactory and auditory, we mean, which are possessed in greater or less perfection by every species of animal in the class to which man himself belongs, and of which he is chief. Is not the fallacy of such a procedure self-evident?

III. Physiological Phenomena.

"That man is a living being, intrinsically and properly one and individual, not compound and separable, not according to the common opinion made up and framed of two distinct and different natures, as of soul and body—but the whole man is soul, and the soul man; that is to say, a body, or substance, individual, animated, sensitive and rational." — *Milton's Discourse on Christian Doctrine.* Prose Works, vol. IV, p. 188 Bohn's ed., 1853

Physiologists have divided and subdivided the human body into so many parts; isolated so many tissues, glands, organs and nerve centers; differentiated such a variety of systems, properties, functions and faculties, that it is not at all surprising that the student should sometimes lose sight of the unity of that rational being which is the real object of his search; or that the human personality, one and indivisible, which can only be recognized in the undivided whole, should, in the confusion incident to the multiplicity of the parts, completely escape his attention. The knowledge of the minute details, which is essential to success in the medical art, has a tendency, unfortunately, to dwarf the imagination of the observer, and to make a routine plodder of one who ought to be a philosopher. This tendency ought to be resolutely guarded against by the physician if he would attain excellence in medical art and science. And we are glad to find M. Despine, in his comprehensive work, Psychologie Naturelle, taking special care to charge the natural psychologist with the propriety of readjusting the dissected parts of the human anatomy, if he would obtain a clear, comprehensive conception of the real being which the whole embodies. "Si donc," to use his own language, "pour étudier l'homme, nous sommes obligés de séparer les éléments qui le composent, hâtons-nous de les réunir, afin d'apprécier l'ensemble, qui seul le constitue." *

With this analytical method of studying the human form have we no fault to find; it is a necessity of arriving at that minute and detail knowledge of structure and function which it is our main object to possess. It seems to us, however, from the narrow, partial and incomplete view of man presented by many physiologists of to-day, that, after studying his anatomy with an industry highly creditable to them, they had really misapprehended the relation which the parts sustain to the whole; had in fact forgotten to reunite the parts so as to present that unity and symmetry, the perfection of which is ultimated in the human being. The justness of this criticism will be apparent to any one who will take the trouble to observe the degree of functional independence accorded the two great systems of nerves,

* Vol. I, p. 603.

the sympathetic and the cerebro-spinal, from which one might easily infer that man was a double being, vegetable and animal; possessing two separate and distinct lives, organic and psychic, conscious and unconscious. Nothing, however, could be farther from the truth than such an inference, as all know. Nevertheless, while all physiologists freely admit man's physiological unity; that all his parts are required to constitute the ideal whole, they still insist on keeping up the distinction of body and mind, mental and physical; one of which is destructible, mortal; the other, indestructible, immortal. Even Despine,* to whose truly excellent work on psychology we have already referred, keeps up the antiquated distinction, defining man as an animal of a superior species, composed of a body and a soul: "L'homme est un animal d'une espèce supérieure, composé d'un corps et d'une âme; animal que rendent raisonnable et moralement libre les connaissances qu'il acquiert par les facultés morales et par les facules intellectuelles." The learned author states, however, in the general summary of his work, that he purposely limited himself to the study of "the faculties of the mind and their diverse manifestations," leaving all those questions which do not strictly belong, in his view, to the domain of observation, to philosophy. † Nevertheless, he frequently discloses a tendency to respect the dogmas of theology as if they were absolute verities, to be received in silence if not with acquiescence. We note this peculiarity simply for an occasion to remark, *en courant*, that it is an error not uncommon to certain scientists. It is born, not so much of slavish subserviency to spiritual authority, as of the fear of *the sequences of rational logic.* The latter, it is needless to say, is wholly foreign to the scientific spirit, which is content with the discovery and enunciation of truth, and concerns not itself with the consequences which loyalty to truth sometimes entails; but accepts them without question, if not with satisfaction. This is the courage of conviction, a product of the scientific spirit; the moral and intellectual freedom of which so many boast, but which so few possess, which brings to its earnest possessor rest, peace and faith supreme in — Truth.

Returning to our main subject, we remark that, all the diverse dis-

* Psychology Naturelle, vol. I, p. 601.

† "La psychologie, c'est-á-dire la science des facultés de l'esprit et de leurs manifestations diverses, ne doit pas sortir de l'etude de la nature, et c'est dans ces limites que je me suis constamment maintenu. Quoique spiritualiste, j'ai laissé de côte toutes les questiones métaphysiques puis qu'elles ne ressortissent point du domaine de l'observation, des sciences naturelles." Id., vol. III, p. 531.

tinctions which have so long been maintained to distinguish man's complex nature, as body and soul, mind and spirit; and qualities of being, as physical and psychical, etc., are predicated on pseudo-metaphysical conceptions; separating the subjunctive from the objective; and making an entity of that which has no existence apart from the *conception* of it. If it were a rational procedure this process of dividing the human being might justly be carried to much greater length. Instead of having one body and one soul, one mind and one spirit, his nature might be invested with several, since he is a universe in miniature in very deed, and has within him the essential characteristics of every species of being and form of life and mind.

Plutarch wrote better than he could have known — better at least, than the facts in his possession could have warranted — when he declared that "the substance of the body is no other than that all-receiving nature, the seat and nurse of all created beings." * The idea was not new in Plutarch's time, nor is it new to-day to the poets and thinkers, who, like Plutarch, do not square their views of nature and things by purely objective phenomena, but who embrace causes in the category of phenomena, and advance to the broader generalization of a comprehensive design in the nature of things † The idea *is* new, however, to that very staid and respectable class of thinkers who cling to science as their polar star in philosophy, and accept nothing as true which she fails to verify. And what is most interesting in this connection is that the demonstrations of science are slowly preparing the scientific mind to accept the sublime deductions of the poet-philosophers respecting the unity of the material and spiritual, body and mind, and the agency of mind in nature, and in those countless orders of being that take on form and substance — become visible in nature. She is, in fact, revolutionizing physiology in the direction of transcendentalism.

To say, therefore, that man is a physiological unity, or that he comprehends in his nature and substance the nature and substance of the Cosmos, or that he is a universe in miniature, is not indulging in metaphor or figure of speech to charm the imagination or to overawe the sense; neither is it putting a poetical, unreal nor fanciful construction on a fact. Rather is it uttering a grand, literal, sublime

* Morals, vol. II, p. 331

† "Dire que toute substance est force ne suffit pas; il faut ajouter que toute force simple a en elle le principe de sa direction, et que le mouvement par lequel elle se produit est une tendance vers une fin." *La Philosophie des causes finales.* By M. Vacherot, Revue des Deux-Mondes, September 1, 1876, p. 61.

and solemn truth, the full force and significance of which no language is adequate to convey to the understanding of the untrained mind.

So, too, in respect of the nature and universality of life and mind, the facts and inductions of science point to no uncertain conclusion. If there is any truth in the doctrine of the correlation of force, there are as many kinds of mind as there are forms of matter or substance to correlate them — force and mind being essentially identical; form and substance their externality. Herein science and philosophy support each other. "Toute la substance matérielle de l'univers," very truly writes M. Vacherot, in perfect accord with science, "se ramène donc à un nombre infini de forces simples, indivisibles, individuelles, de monades qui une fois créées produisent d'ellesmêmes l'ordre universel du Cosmos, en vertue de cette loi de l'harmonie préétablie, conséquence nécessaire de la nature et de l'action des principes élémentaires."* This "law of harmony" is emanent in nature, not exterior to it, and is a convenient phrase to express *design*, which is likewise emanent in every form of matter, inorganic as well as organic. To deny this dignity to inorganic matter is a compromise to the common understanding, and is nowise justified by the teachings of science or of sound philosophy. The law, or design, exhibited in the snowflake may be of a lower order than that exhibited in the monad, but each is perfect in its way, evolving itself according to an ideal, innate, definite and uniform. In the fine language and thought of M. Vacherot, in his essay on "Final Causes:" "C'est dans la substance cosmique elle-même qu'elle nous montre l'activité créatrice de la cause finale opérant d'après des lois immuables, éternelles et universelles, conformes à son essence même."*

This fact, so constant in the evolution of every form of substance in nature, presupposes the emanence of mind in matter, call it by whatever name or phrase we may — law, instinct, principle of differentialisn, or the will of an all-powerful creator. The doctrine of the mutual convertibility of the forces, physical and psychical, the truth of which has become axiomatic, lends strong support to this view, as before stated. We are taught by this doctrine the legitimate kinship of the forces; that the diverse forms of force are forms of mind, and *vice versa*, the diverse forms of mind are forms of force. If this proposition be true it is wholly legitimate to say that there is one form of mind in the primordial elements, as manifested in the

* La Philosophie des Causes Finales, Revue des Deux-Mondes, Sept. 1, 1876. p. 55.

phenomena of crystallization; another, in chemical compounds, as shown in the phenomena of chemical affinity; still another, in vegetable forms — the organic force; and numerous others in the ascending series of animal forms, from the simple cell formation of the jelly fish up through every grade of being to its supreme development in the cerebral convolutions of the divinest man.

Von Hartmann, in his "Philosophy of the Unconscious," has elaborated this view of life and mind; and Prof. Ernst Haeckel, of Germany, the eminent apostle of Darwinism, is in perfect accord with it. "We thus arrive at the extremely important conviction," he writes, "*that all natural bodies* which are known to us are *equally animated;* that the distinction which has been made between animate and inanimate bodies does not exist. When a stone is thrown into the air, and falls to the earth according to definite laws; or when in a solution of salt a crystal is formed, the phenomena is neither more nor less a mechanical manifestation of life than the growth and flowering of plants; than the propagation of animals or the activity of their senses; than the perception or the formation of thought in man."*

It is impossible to over-estimate the influence of these conclusions on physiology. Having a basis on scientific demonstration, they must ultimately revolutionize the old ideas of the relation of mind and matter, and make way for the solution of many problems of human nature which have hitherto been inscrutable, or subjects of inane and profitless conjecture. The old distinction between life and mind have already been broken down by them; and forces, which have ordinarily been regarded as entities, as vitality, mind and spirit, are now reduced to abstractions, having no existence apart from forms and substances which correlate them, except in the intellect of the observer.

Is it not an error, therefore, to assume, as we commonly do, that the mind of man has its seat exclusively in the head? The supremest intelligence, the logical, thinking faculty has its seat there, and is undoubtedly due to the normal activity of the cells of the cortical grey substance; but other kinds of mind, such as the unconscious life and sensibility of the individual, are peculiar properties, so to speak, of the other parts of the organism, carrying forward its several functions; the processes of nutrition, growth, repair and decay, etc.; comprehending all these activities, the ensemble of which is known

* The History of Creation. Vol. I, p. 23.

as the bodily life.* The revelations of physical science have not only prepared one to entertain this view of life and mind, but the evidence derived from vivisection, notably the experiment of Pflüger with a decapitated frog, gives strong support to it, if, indeed, it does not demonstrate the absolute truth of it. Not only do the phenomena of nutrition go forward normally, and physical movements co-ordinate regularly in, and by animals whose cerebra have been removed, but other and more complex, and demonstrably intelligent actions are performed by them, as shown in the well known experiment of Pflüger, just mentioned. Vivisection has been much condemned of late, both in this country and in England; but if philosophy is of as much value to mankind as we believe it to be, this one experiment of Pflüger is of more consequence than the preservation or protection of the animal kingdom.

Were this view of mind and its agency in nature peculiar to us, we should put it forth with greater diffidence than we now do, even were the facts of nature and observation more conclusive in its support than they now are. But, fortunately, we can lay no claim to the exclusive possession of biological and physiological doctrines so bold and revolutionary. Not only were they advanced by Aristotle and other Greek philosophers more than two thousand years ago; reaffirmed by Leibnitz, Spinoza, Cabanis and others of the last century, and early in this; advocated by poets like Milton, Goëthe, Novalis, Schopenhauer, and others; but some well-known physiologists and naturalists of the present day give in their adhesion to them. "It behooves us," writes Dr. Maudsley, "to clearly realize the broad fact, which has most wide-reaching consequences in mental physiology and pathology, that all parts of the body, the highest and the lowest, have a sympathy with one another more intelligent than conscious intelligence can yet, or perhaps ever will, conceive; * * that the mind as the crowning achievement of organization, and the consummation and outcome of all its energies, really comprehends the bodily life."† And elsewhere he writes to the same purpose: "As the man of genius implicitly contains humanity, so nervous element implicitly contains nature."‡ In the latter remark, however,

* "The brain," says Prof. Huxley, "is only one condition out of many on which intellectual manifestations depend; the others being, chiefly, the organs of the senses and the motor apparatus, especially those which are concerned in prehension, and in the production of articulate speech." Man's Place in Nature. p. 122.

† Body and Mind. 2d ed. p. 102.

‡ Physiology and Pathology of the Mind. p. 63.

the eloquent writer is less felicitous. The nervous element does undoubtedly "contain" or comprehend the higher forms of nature; but there are, certainly, other and lower forms of nature, which the nervous element does not contain, or include, notably the mineral and vegetable kingdoms.

But we are not, on the present occasion, concerned so much with the nature of mind and life, as with the unity of form and substance, body and soul — the oneness, monism, of that which is usually regarded as divisible and separable. "The Cosmos," says the late Herr Strauss, "is simultaneous both cause and effect, the inward and the outward together." * And man, who is but the repetition of the universe on a small scale, is both soul and body, the outward and the inward together, one and inseparable. The first lesson which the observant physiologist is called upon to learn is the coincidence and interdependence of form and force, substance and property, structure and function. The visible and the invisible are indissolubly linked together in the phenomena of nature. Function could not exist without structure; force without matter; thought without nerve substance; the psychical without the physical. These are the two sides of one and the same being; phenomena so mutually dependent in every form of being that the naturalist could easily dispense with either side of it, and deal exclusively with one or the other, without materially changing the practical results of his conclusions — that is, he could pursue his investigations on either the physical or psychical side of life with equally faithful results. In physiology the fact is being illustrated daily in the harmony between mental physiology and natural psychology; mental pathology and medical, or morbid, psychology; the one unfolding the normal function and structure; the other, the abnormal structure and function — the disordered physical phenomena of thought and feeling, to which the disordered and diseased substance and structure of the physical — or psychical, if one prefers the term — organism gives rise. It may not be uninteresting to trace this relation as briefly as may be in the development of the animal kingdom; and first on the normal side of nature

All the varieties of animal life are known to us through forms that distinguish each species; and all the properties or powers manifested or possessed by them, they hold by virtue of some peculiar substance or structure upon which such properties or powers are contingent,

* The Old Faith and the New. Vol. II, p. 163.

and by which they are able to transform plastic matter into their own peculiar substance. That which is true of the simplest form of matter is equally true — only with greater prominence — with organic forms the most complex. The lowest form of animal life, of which we possess any define knowledge, for example, is the Amœba, of the Protozoa family, and the lowest of the class Molusca of Agassiz. These animals, if such they may be called, are mere conglomerations of plastic matter, which Dr. Carpenter characterizes as "living jelly." Their structure consists of an aggregation of simple cells, homogeneous throughout. They possess the powers of motion and selection, however, in so far that they wrap themselves around their food, as occasion requires, and after elaborating and absorbing the nutritious portions, summarily reject the rest. The animal character of this low form of being is shown chiefly by its dependence upon organic substances for its support, "which it gradually dissolves and appropriates that which is fitted for its own increase." Assuredly protoplasm and life are not distinct entities in these forms, except as a conception of the intellect!

Then there are the *Rhizopoda* and *Porifera*, with more complicated structure, mode of growth and propagation, possessing accordingly a less simple substance as the basis of their formation. Both have a gelatinous composition, with some calcareous matter in their interior, and both present, in their organization, "more or less distinctly the character of true cells." The latter, or sponge tribe, are provided with cavities which serve as stomachs; and also an extended system of pores for the entrance, circulation and absorption of nutrient matter; and even canals, as Dr. Carpenter calls them, for the passage of foreign and rejected substances. In the sponge animal may be observed an humble approach at differentiatioh of organs and functions, in the digestive apparatus, structure and mode of reproduction. Dr. Carpenter says there is reason to believe that in these low forms of aggregate animals, "a true *ovum* is produced; so that we here already advance to the same essential type of generation as that which prevails in the highest plants." * No vestige of nervous substance is discoverable in them, and yet they are not without the psychic element of *instinct* as observed in their ability to care for themselves to some extent. Their psychical life is evidently as simple as their physical organization is humble.

* Principles of Comparative Physiology (4th ed.), p. 70. Philadelphia, 1854.

Ascending the scale of being to more complex forms we find a corresponding complexity of psychical manifestations. In some of the lowest species of the mollusk class, the Ascidian, for example, the simplest form of a nervous system is discovered, consisting of a solitary ganglion and a few branches of nerves. In these little animals, which consist of a simple oblong oyster-shape sac, with a mouth, cilia and stomach, therefore, may be observed the beginning of what the older physiologists designated as the organic properties of sensation and contractility. The little tentacles that guard the oral orifice are described as peculiarly sensitive, for the distribution of nerves is mainly to the mouth; and even the body, if touched, contracts with more or less violence, and expels the contents of the sac. Here, also, may be seen the simplest rudiments of muscle. The higher members of the mollusk exhibit a much higher nervous and muscular apparatus; and although brainless, manifest powers of prehension in selecting food and in escaping from danger. The highest of them possesses locomotive powers. And even the oyster and clam can open and shut their shells. Their ganglionic organs correlate Mind enough to enable them to regulate their simple functions and to fill the place to which Wisdom has assigned them. We are aware that all the actions of this group of animals are referred by physiologists to "reflex" functions of the nervous system. But what's in a name? Since they are to a certain degree intelligent phenomena; phenomena corresponding to those which we should expect to occur as a legitimate sequence of their nervous system, we prefer to characterize them *mental*, and to see in them the evidence of *mind in nature*. Dr. Carpenter, who would strongly oppose this view of the subject, as would also most other physiologists, distinctly states that "in our (his) examination of the nervous system of the mollusca, we hitherto met with a progressive complication of the organism, and especially with the increase of its sensori-motor powers."* This admission completely covers the ground for which we contend.

Advancing now to the insect kingdom, to that numerous series of animal forms known as the *Articulata*, let us notice briefly the leading characteristics of the nervous apparatus of certain members of this most interesting class. It is all the more interesting to us, in its bearings on our subject, for the reason that physiologists almost universally agree in denying any member of this class any degree of consciousness or intelligence; but insist upon consigning its psychical

* Principles of Comparative Physiology (4th ed.), p. 70. Philadelphia, 1854.

manifestations to the exclusive domain of instinct. Its series of surprising movements toward a definite end; the remarkable cunning displayed by certain members of the group in executing their designs; the matchless ingenuity exhibited by them in building, weaving, mechanical designing, etc.; their acute powers of special sense; wonderful agility and endurance in flight and locomotion, etc., mark them out as a species pre-eminently worthy of all the study that has been given to them. *

The *Annelida*, or lowest of the group, having but a limited development of the organs of special sense, are correspondingly wanting in the development of cephalic ganglia. Like the larva of insects, its nerve-cords and nerve-centers are distributed uniformly throughout its organism. In the higher forms of that class, however, there is a strong tendency to special concentration of the ganglia in the thorax and head, and with it a manifest increase in the organs of special sense. In the larva, the tendency reaches its climax after passing through its metamorphoses and attaining the *Imago*, or perfect insect. Although it now has no cerebrum, no cerebullum, and no medula oblongata, etc., comparable in any degree with those organs in the higher *Vertebrata*, it has, nevertheless, enormous cephalic glanglia, as well as thoracic and visceral, which give strong visual and other powers of special sense; no small degree of intelligence, as observed in the sagacity, *alias* instinct, of the bee and spider; and powers of locomotion and flight, as also seen in those insects. Indeed, the perfect insect (*Imago*) is chiefly constituted of ganglia, nerve-cord and nerve filiaments, disposed and distributed in such a manner, head, chest, abdomen and stomach, legs and wings, as to insure the greatest possible concentration of muscular and nervous powers in those organs, the exercise of which does most distinguish it. Moreover, its corporal form and structure show wonderful adaptation of means to ends and uses, of which all nature furnishes no illustration more conspicuous.

It seems to us that the physiology and anatomy of what Agassiz has classed as the *Insecta*, afford evidence of the mutual dependence of material structure and psychical force as complete and satisfactory

* "Whether such 'reflex action' is, or is not, attended with consciousness depends on the other endowments of the ganglion which performs it; that it is certain that actions which seem to indicate a definite purpose and will, may be called forth by mere stimulation, under circumstances which forbid us to attribute to anything else than the automatic and unconscious action of the nerve-centre."—Carpenter's Principles of Mental Philosophy, p. 48.

as any the nature of the case admits of. In all these forms of being we are not dealing with phenomena exclusively, but tracing or endeavoring to trace the connection of object and subject, and showing or endeavoring to show their absolute inseparableness. And we fail to see the logic or justification of that view, which would relegate the psychical phenomena of the bees and wasps to the domain of instinct, or to purely automatic or mechanical action, while attributing similar phenomena in the human species to the influence of conscious will and intelligence. Thus Dr. Carpenter, before quoted, ascribes the ingenuity of the bees to instinct, of which they furnish in his view the perfect representation of that power; "its whole aim being to work out a design which is formed *for* it, not *by* it; and the tendency to which is embodied (as it were) in its organization."

One is inclined to ask, after reading this remarkable passage: Who forms the design of the geometric cell, or directs the building of the honey-comb? Who directs the spider to weave its web, or to lie in wait for its prey? Are these cunning and refined processes and impulses guided and superintended by the Supreme hand of a personal Presence? Oh, no, by no means! "Deity has more important affairs to manage than those of wasps and spiders," we are told. It is "instinct;" "consensual impulses," "reflex action" upon which those duties devolve. How wise is the answer! We marvel at the power of words to cheat the intellect and render automatic definitions of mental phenomena! In this way and by such means the understanding is robbed of its full participation in the glorious mysteries of the living, moving world. We apprehend that the designing power in all these instances is within, in the nerve centers with which these ingenious and designing creatures are so well provided. Their skill in planning, weaving and building; their powers of foresight and prehension originate with them in the co-ordinating centers of their nervous system. They are mental processes of the same nature, and altogether similar to those carried on by similar faculties in man.

Let us pass now to the consideration of the fourth and highest series in the grand division of the animal kingdom — the *Vertebrata* — and proceed at once to the highest link in the chain of that series — Man.

In our brief ascension through the three divisions of the animal kingdom, no evidence has yet been discovered tending to show that the *subject* is even dissociated from its *object*, *phenomena* from their *cause;* and it would seem a hopeless task to pursue the search with

any prospect of success in the human species. The tendency of physiological research into the mysteries of the human economy has been from the first to connect the so-called psychical powers of thought and sentiment with organic functions of the highest ganglionic centers. And although complete and entire connection has not yet been satisfactorily established, the process is so nearly completed as to leave no rational doubt of its possibility and ultimate attainment — no shadow of doubt that such a connection exists.

The evidence disclosed in the ascending series of animal forms, from the lowest jelly tribe to the class of vertebrated animals to which man himself belongs, goes to show that no form of being has been created, but that every form of being has been *evolved;* that man himself is an evolution, the grand coronation of the animal kingdom, the highest of all developed beings. We have seen a tendency manifest, even in the ascidian, to differentiate organs and functions. In the human organism that tendency is completely ultimated. All minor groups of organism, of which we have any knowledge, are differentiated in man and combine to form and differentiate the life human. The so-called vital properties, which exist isolated in the lower species of the animal, harmoniously blend in man. So, likewise, the corresponding substances and tissues on which those properties are contingent combine in the human organism to complete the microcosm of the universe — Man. These facts are disclosed in the minute study of his corporal organization, and are by no means mere rhapsodical declamations, without force and meaning.

The sympathetic ganglia, with their distribution of nerve-cords and nerve-plexuses in man, bear in function a close analogy to that of the nervous system of the bee — an animal displaying the physiologist's beau-ideal of instinctive life. But its operation presents phenomena assuredly not less instinctive, so far as it goes, in man. The complex processes of digestion, mastication alone excepted, and assimilation; the circulation of the blood; respiration; reproduction; the phenomena of sleep; the conservation and repair of the organism, etc., are under the dominion of, so-called, instinct, and are carried forward, independently of consciousness, in the generally received acceptation of that term. This part of the human organism has been wrongfully set apart as the exclusive domain of the organic or vegetative life; and the distinction has led to confusion and misconception, as already pointed out. It is needless to trace in this place the nervous connection between the ganglionic system and the cerebro-spinal system.

It will be sufficient to remark that the brain and spinal cord are themselves organic, and depend on the harmonious operations of the lower ganglionic system and its dependencies for the performance of their prescribed functions. On the other hand the lower corporal functions are performed independently of any necessary influence of the cerebral functions, as proved by the removal of the cerebra of birds and other vertebrates, and also by anencephalic idiots of the human species. Infants have been born alive with neither a cerebrum nor a cerebellum. Nevertheless, they lived several days, and nursed regularly when the nipple was put into their mouth, and performed other "automatic" movements equally complicated.* Such beings, however, and such animals as have been by surgical process deprived of a cerebrum, have no *conscious* mind and will. The ego in them has lapsed. In the cases of anencephalic idiots it is never developed; in creatures surgically deprived of it it is evidently taken away with the cerebral substance. This conclusion is inevitable, and if the higher psychical powers have an existence after the final dissolution of the psychical substance, with which such powers of mind are identified, the manner and mode thereof are beyond the ken of reason, or of scientific discovery, or interpretation.†

But, have animals thus treated no unconscious mind and will? Are the phenomena of organic life which they manifest under such circumstances to be justly attributed to automatic or mechanical agency? Physiologists, in the main, say, Yes; we, with no disguised diffidence, say No. The logic of analogy compels us to recognize in

* *Vide* Carpenter's Principles of Mental Physiology, p. 72

† We are not unmindful that we are treading upon delicate, and to many people, sacred ground, when we touch the relation of soul and body, and especially the subject of human destiny. It will be sufficient to remind the over-sensitive in this respect, that it is no part of our theme to discuss the subject of conscious life after seeming death, or final dissolution of the visible body of man. We make no pretention to have fathomed the mysterious depths of human life and mind, nor of matter and force. There may be matter within matter and mind within mind without limit; and modes and qualities of substance and being which are comprehensible only to a sense suprasensible, and which are entirely consistent with our knowledge of the world sensible. And it is a source of supreme comfort and satisfaction to us to know that the revelations of science — rather, it is true, in what it does not reveal, than in what it does — point to this conclusion, such, for example, as the ether hypothesis, and the inference, entirely legitimate, of the existence of microscopic monads infinitely beyond the powers of finite agencies and senses to detect and appreciate. Let us reason from what we know, freely and without trammel, or fear of consequences, and hold firmly and abidingly on to a living, everlasting faith in the Providences, Supreme, Eternal and Universal.

the similarity of the grey and medullary substance of the spinal cord and its crowning bulb — the medulla oblongata — to that of the brain, a similarity of functions — lower grade probably, but still similar; that is to say, *unconscious* mind and will. To us it seems unreasonable to suppose that an individual, or an animal, has no intelligent agency in what goes on in his organism unconsciously to himself; that those actions which he performs in his waking hours, as walking, winking, writing, playing on musical instruments, co-ordinating speech, etc., are automatic, or mechanical, because they are performed without disturbing his conscious attention. Why, all the phenomena of the sympathetic and spinal systems go forward unconsciously in us in the most systematic manner possible to conceive in health, and we are never conscious of them until disease sets in and suffering comes!

The actions of the sympathetic ganglia and the spinal cord are automatic in the sense that those of a steam engine in action, or of a ship at sea, are automatic.* Put an engineer on one and a sailing master on the other, and either of them executes a purpose, with infinitely less precision, of course, but in a manner analogous to that observed in organic forms. But in these instances the automatic actions of each are under the promptings of the grey and medullary substance of the man at the helm, or at the throttle valve. Are the automatic actions of the animal with the spinal cord and sympathetic ganglia less so? Remove these centres of will and sense from the animal, and if then the victim exhibits automata, or makes use of acquired or "accumulated experience," the doctrines of the advocates of automatic phenomena of the decapitated animal shall be conclusively established.

On the other hand, the evidence afforded by trustworthy physiological experiments would seem to fully warrant the conclusion that the spinal cord is possessed of mind and will, executing an intelligent purpose, unconscious perhaps, but still intelligent. The celebrated experiment of Pflüger, with a decapitated frog and acetic acid, to

* Dr. Balfour Stewart likens a steam engine to a living being: "But while the one—the engine—requires for its maintenance only carbon, or some other variety of chemical separation, the other — the human being — demands to be supplied with organized tissue. In fact, that delicacy of construction which is so essential to our well-being, is not something which we can elaborate internally in our own frames; all that we can do is to appropriate and assimilate that which comes to us from without; it is already present in the food which we eat."—Conservation of Energy, p. 165.

which we have already referred, is too well known to be recapitulated here. All agree that the animal performed very strange acts for an automaton. And it is well known, too, that doves eat and digest after their brains have been removed, provided always the food be put into their mouth. They do not know enough, in their decapitated condition, *voluntarily* to seek food, and that is no wonder to any one.

The phenomena of conservation and repair of the bodily organism, independently of conscious volition or direction, are well known and universally recognized. But purpose and intelligent design are everywhere apparent in them. Take, for example, the phenomena of a broken bone repairing itself after a fashion without the interposition of external appliances or aids. So, likewise, in that serious and most fatal malady or accident, intussusception — an accident rendered ten thousand times more fatal by the foolish interposition of art than it would be left entirely to the control of the spinal cord and the sympathetic ganglia — we see the most consummate exhibition of surgical skill in the method devised and executed by nature for its relief and cure! In injuries of the skin, how wonderful is the skill displayed before our — we were going to say — astonished eyes, in performing anaplastic surgery! In a few days the lost cuticle is restored so perfectly that no visible trace of the wound is left behind. These conservatory processes are all miraculous enough, performed as they are by hands so airy and delicate as to be all unseen, and by a process so miraculous as to escape the acutest sense; but their miraculous character would be augmented infinitely were they to go on without the intelligent prescience and engineering skill of the spinal and sympathetic ganglia.

As the sensori-centers of the cerebrum may perform their functions — *think and feel* — without consciousness, giving rise to that misnomer, "unconscious cerebration" (just as if cerebration were ever conscious, except in mania) of Dr. Carpenter, so the sensori-motor and sensori-mental functions of the cord and its ganglia, in their normal state, are always performed without consciousness. And we do not know that we have such a system until it is disordered; then automata are without method; the "acquired experience" of the animal avails him nothing; the skilled hand has lost its miraculous dexterity — it is paralyzed. The individual cannot swallow, even if he consciously tries to do so; he has dysphagia; he cannot walk nor perform other symmetrical movements, even with the most powerfully and painfully conscious efforts; he has locomotor ataxia;

simple wounds will not heal — the parts are anæsthesic! Disguise the truth of the condition with Greek derivities as we will, the fact remains that the automaton will cease its automatic action when the directing agency in them has ceased its intelligent interposition.

When we state that the development of the cortical substance of the cerebral hemispheres and the development of the human characteristics go hand in hand, or are coincidental facts in the physiology of man, we state a proposition that carries with it quite the force of a truism. Inferences justified by analogy point unmistakably to that conclusion. Indeed, there is evidence bearing directly on the point at issue that forces conviction of its truth on the mind of every physiologist with whose writings we are acquainted. The number of the convolutions, their size, depth of their sulci, quality and quantity of the brain substance, are all important factors in the psychical powers of will, moral force and intellectuality. The distinction or differentiation between man and man, and man and the man-like apes, turns mainly on the amount and quality of the cortex of their cerebra. From the brain of the lowest order of the monkey — the marmoset — to that of the highest order of the chimpanzee, the cerebral convolutions present every stage of development with the intellectual progress of the types — the brain, from being almost smooth on its surface, as in the marmoset monkey, advances to the completely convoluted forms of those of the orang and chimpanzee, "which fall but little below" that of man, according to Professor Huxley.*

It is true, as Henle has pointed out,† that the brains of apparently

* Man's Place in Nature, p. 119. It is due to the subject and to Prof. Huxley, however, to note that, in his opinion, the difference between man and the man-like ape depends less on any structural divergence of their cerebra than on the amount and weight of their respective brains. "It must not be overlooked, however," he writes, "that there is a very striking difference, in absolute mass and weight between the lowest human brain and that of the highest ape — a difference which is all the remarkable when we recollect that a full grown gorilla is probably pretty nearly twice as heavy as a Bosjes man, or as many an European woman. It may be doubted whether a healthy human adult brain ever weighed less than thirty-one or two ounces, or that the heaviest gorilla brain has exceeded twenty ounces. "This is a very noteworthy circumstance," he remarks, "and doubtless will one day help to furnish an explanation of the great gulf which intervenes between the lowest man and the highest ape in intellectual power."— Id., p. 120.

† Henle's Nervenlehre, p. 163, cited. *Vide* Raue's Physiological Psychology, North American Journal of Homœopathy. New series, No. XXIII. 1876. P. 335. Henle's attention was called to the anomaly by observing that the brain-convolutions of the celebrated Gauss were inferior to those of "a young nameless German."

very ordinary men have sometimes been found, on examination, to be every way superiorly developed to those of men of repute and learning. Such are the exceptions, however, to the rule. And may we not in all such exceptions discern the influence of heredity on the one hand, and the power of education on the other? If there is any truth in heredity, or virtue in culture, surely we should expect to find great diversity of cerebral endowment at birth; and an individual with an endowment originally superior might, by inferior advantages, training, etc., be found subsequently altogether inferior to one less happily endowed originally, but who had been thoroughly trained and cultivated. "A man born dumb," says Prof. Huxley, "notwithstanding his great cerebral mass and his inheritance of strong intellectual instincts, would be capable of few higher intellectual manifestations than an orang or a chimpanzee, if he were confined to the society of dumb associates. And yet there might not be the slightest discernible difference between his brain and that of a highly intelligent and cultivated person." * Henle evidently overlooked these considerations, or he would not have been so surprised to find the brain of a poor, unknown German anatomically superior to that of the celebrated Gauss.

The phenomena of arrested development, or congenital idiocy, in which the higher nervous centers have failed to appear, are exceedingly interesting in this connection. The mind of such creatures is a blank, so far as the possession of the psychical powers of thought and sentiment, which are correlated by the nerve-centers, are concerned. The degree of psychical manifestation, in every such instance, is always in proportion to the degree of cerebral development. Marshall examined the brains of two idiots and found them inferior in cerebral development to those of the ape, "being in this respect more simple than the brain of the Gibbon, and approaching that of the baboon." These microcephalic idiots exist in great variety, and present every stage "of descent from man to the apes." Mr. Paget describes the brain of an idiot which corresponded to that of a fœtus at its fifth month of utero-gestation. And cases of idiocy are referred to by Dr. Maudsley, as common inmates of most large asylums, though we have never met them, which exhibit some of the traits of the ruminants, such as bolting their food and retiring to a secluded corner, and bringing it up in their mouths again to remasticate at their leisure. † A remarkable case of arrested development has been

* Man's Place in Nature, p. 122.

† Body and Mind, p. 47.

recorded by the celebrated Pinel, which we find cited by Griesinger: "An idiot girl, eleven years of age, resembled, by the form of her head, by her desires and capacities, a sheep. She manifested an aversion towards animal food, ate only vegetables and drank nothing but water; her whole speech consisted in *bé, ma tante*, whereby she showed her attachment to her nurse. She, also, like a sheep, laid her head on the abdomen of her nurse; when fighting with other children she butted them as a sheep does; when wishing to fall asleep she curled herself upon the floor. Her back, shoulders and loins were clothed with a kind of soft black hair, one or two inches long, which much resembled wool." *

An equally interesting case of idiocy is described by Dr. Mitchell, deputy commissioner in lunacy for Scotland. The face, physiognomy, gestures and habits of this creature closely resembled those of the ape. "He grins, chatters and screams like a monkey, never attempting a sound in any way resembling a word. He puts himself in the most ape-like attitudes in his hunt after lice, and often brings his mouth to help his hands. He grasps what he brings to his mouth with an apish hold. His thumbs are but additional fingers. He has a leaping walk. He has heavy eyebrows, and short hair on his cheek or face. He is muscular, active, and not dwarfish. He sits on the floor in ape fashion, with his genitals always exposed. He has filthy habits of all kinds. He may be called an idiot," continues Maudsley, "of the lowest order, and yet there is a mischievous brute-like intelligence in his eye. His head is not very small, its greatest circumference being twenty inches and a half; but in shape it strongly resembles the ape form of abnormality."† Dancel communicated to the Académie des Sciences, Paris, 1843, a notable instance of arrested-development. It was that of a young lady, aged twenty-four, "whose development proceeded normally up to the age of three and a half years," when it suddenly ceased. Her mental state was that of a child of that age; her body increased in size somewhat. And Baillarger presented to the Académie de Médecine, in 1857, an instance equally instructive in this connection. It was that of a lady, age twenty-seven, "who had the intelligence and inclinations of a child of four years; she is about three feet high, the body very fat; the second dentition commenced when she was eighteen, and at twenty-seven was not complete." And Griesinger saw a remarkable case of this kind, "in which, in consequence of a blow on the head in child-

* Mental Pathology, p. 379. † Maudsley's Body and Mind, pp. 47, 48.

hood, the development, which had till then been normal, was completely arrested." * An interesting phenomenon of this kind has lately come under our own observation. The case is that of a young man, aged twenty-five years, who has not grown intellectually since the age of twelve, at which time he was unusually bright. His manner and habits are those of a young boy; he exhibits the same inapplication; the same absence of any settled purpose; the trifling, indecision of a child. He is sometimes gay and frolicsome like a child; at other times morose and ill-natured, as a child is apt to be. He is totally incapable of doing any thing but the most unimportant errands; and cannot care for himself. The cause of the disaster is obscure, but is supposed to be the early indulgence of a nameless vice.

Pathological examinations of these "accidents" of nature reveal a curious state of the encephalic organs. Very grave psychical defects are not always associated with defects of the substance of the hemispheres, though the latter are not unfrequently entirely wanting. Förg cites a case from Bianchi, in which the corpus callosum was wanting; so, also, were the pituitary glands, the pyramids and the olivary bodies; and of the pons varolii there was only a trace. The hemispheres of the brain, and the thalami and corpora striata "were run together in one mass." Förg also gives a case that came under his own observation, with an equally anomalous cerebral development. It was that of a girl seventeen years of age. In her brain the middle fore part of the corpus callosum, the septum and the fornix were entirely wanting; only a rudiment of the white commissures of the gyrus fornicatus existed; the island of Riel was atrophied; the convolutions were absent, or irregularly grouped; the lobes of the cerebellum were unsymmetrical, etc.; her body was also unsymmetrical; she was profoundly idiotic. Riel, Paget, Henry, Solly and others, report cases of moderate idiocy, in which the corpus callosum, septum lucidum, fornix, etc., were defectively developed. Defects of the corpus callosum seem to be the most constant fact in the anatomy of weak-minded people.†

Another important physio-pathological fact in this connection is that of atrophy of the brain subsequent to amputation of a limb. It would be difficult to find in the long catalogue of physiological phenomena a fact which proves more conclusively the unity of man and the mutual dependence of body and mind than this. If a leg or

* Griesinger's Mental Pathology, etc., p. 377.

† *Vide* Griesinger's Mental Pathology, etc., p. 356, *et seq.*

an arm be amputated the hemisphere on the opposite side of such an amputation becomes gradually atrophied. The want of its normal stimulus to action being withdrawn in the loss of a limb it falls itself into decay from disease, just as a muscle dwindles for the lack of exercise. M. Luys stated to the Société de Biologie, Paris, during one of its sessions in December, 1875, that he had found in autopsies of old persons, who had many years previously undergone amputation of the shoulder or a limb, atrophy of the opposite side of the brain, "and that he had already collected a dozen of those cases. It was produced only some fifteen or twenty years after the amputation."* The reciprocity and mutual dependence of mind and body is thus disclosed. The destruction of a sensori-motor center paralyzes and wastes the part which it controls; the destruction of the part which supplies the stimulus of that center is equally destructive, in turn, to it, as one would be led to suppose, from *priori* reasoning.

Facts of this and analogous character might be adduced almost *ad infinitum* in support of the proposition, seemingly self-evident, that structural deviations and changes of the brain are always accompanied with corresponding deviations and changes in psychical endowment. Many who admit the inseparable connection of brain-structure and psychical power are unwilling to accept their relation in the order set down, preferring to reverse the order of cause and sequence, after the manner of the old metaphysicians, and to regard brain-structure as a sequence of mind-force in the order of development. Howsoever erroneous and unwarrantable that procedure may be, in view of all the facts and the order of their invariable procession, it is the one adopted and maintained by the devout adherents of the old — and all but obsolete — orthodox school. In its maintenance assumption is pitted against observation; opinion against nature; prejudice against experience; philosophy of a misguided, distorted fancy, against the law of evolution. Its advocates are compelled to believe, or rather to maintain, that the idiot is not, in fact, the inferior being that he seems to be, though he is so frequently wanting in self-consciousness, and knows nothing of that personality which the normally constituted being *feels*, and which asserts itself in the emphatic "I," "ME," "MYSELF." They are forced to defend the absurdity that he is not, in fact, wanting in the mentality which he fails to manifest by reason of the inconvenience — quite temporary — of not having the necessary corpus callosum or cerebral substance; that, in truth, the

* *Vide* Journal of Nervous and Mental Diseases, p. 346, April, 1876.

mind of the idiot is actually *there*, in his encephalon, imperfect or wanting though the latter be, with all its psychical powers of thought and feeling intact, though latent, ready to take possession of its tenement at the proper time, when nature shall do justly by her waif and provide one for him; that the mind is waiting, as it were, Dame Nature's pleasure, to step into, occupy and assume control of the now vacant cerebral cells, when they shall have been kindly provided for it; and if they never come, if the tenement is never fitted for the occupant — the wronged spirit — in the earth-life, the complete dissolution of the imperfect body shall be the signal for the idiot's complete emancipation. His wrongs shall be righted — redressed — on the other side. Symmetry of form and fullness of mentality shall then triumph over that which was in the flesh a gross distortion — an abnormality. If this view be tenable, who knows but Pinel's girl-sheep may not in truth be the equal of Jeanne d'Arc? the man-monkey, described by Mitchell, a Webster or a Demosthenes in disguise? Or that the biped and hairless ruminant, cases of which Dr. Maudsley says are so numerous, may not in reality possess a mind superior to that eloquent writer himself? But, have we any right or warrant in science or philosophy to indulge such rose-water hopes for the destiny of those miserable wrecks of humanity? When assumption usurps the functions of observation and induction, where is the absurdity to which one is driven to end? The view we present of the subject may not be especially consoling to brainless people, nor comforting to their relations and friends; but one should seek truth in philosophy, not consolation, and treat nature as though she had functions to perform other than those of doing the bidding and correcting the blunders of those puny creatures in human form who aspire to be men and women, in total disregard of the conditions which infinite wisdom prescribed. Let such people seek in religion the commiseration they can never hope to find in science or philosophy.

The evidence drawn from analogy, however, not only associates and identifies the character of an individual with the size, quality and condition of his brain and nervous system, but also connects his special attributes of mind with corresponding sensori — thinking and sensori-motor centers. Hence, for every distinct, mental attribute, there must be a corresponding center, from whose function the attribute or psychical power is derived, or to which it is related. Dr. Alexander Ecker, of Baden, an eminent anatomist, commits himself to this view unreservedly. He writes: "That the cortex of the cerebrum, the

undoubted material substratum of our intellectual activity, is not a single organ which enters into action as a whole with every psychical function, but consists rather of a multitude of organs, each of which subserves definite intellectual processes, is a view which presents itself to us almost with the force of an axiom. The opposite hypothesis of a single organ for the multiplicity of the intellectual functions would mark a standpoint about equally advanced with the abandoned conception of a 'vital force.' If, however, as we think is undoubtedly true, definite portions of the cerebral cortex subserve definite intellectual processes, there is a possibility that we may some day attain a complete organology of the brain surface, a science of the localization of the cerebral functions. Such a science — that is, a knowledge of the psychical organs of the brain in all their relations — is certainly one of the most important problems for the anatomy and physiology of the next century, the solution of which will work no small transformation in psychology." *

Moreover, there is good reason to believe that the powers of thought, and, indeed, of all the higher elements of mind, are associated with the grey substance of the cerebrum; that the existence of one is consensual with the other. The manner in which conscience or ideas are generated or evolved by the little cells of the grey cortex must for ever be an insoluble mystery; no more so, however, than are the molecular changes in the wires of an electric telegraph. Professor Griesinger, who is skeptical, alike of materialistic hypotheses respecting the nature of mind, and of the utility of transcendental views in its interpretation, observes that it is absolutely incomprehensible "how a material, physical act in the nerve-fibres or cells can be converted into an idea, an act of consciousness." † And so it is. But is it not even more incomprehensible how an idea, or an act of consciousness could be evolved without the agency of the nerve-fibres or nerve-cells? We think so. Of two inscrutable

* Cerebral Convolutions, pp. 7, 8. It is interesting to note that Dr. Ecker's able monograph was published prior to Dr. Ferrier's experiments, to which reference has been made, and which go so far to prove the correctness of that author's generalizations.

Dr. Brown-Séquard does not give in his adhesion to this doctrine of special localization of sensori-motor centers in the hemispheres. M. Charcot, the eminent pathologist, however, gives it his cordial indorsement. See the discussion of the subject between these and other distinguished physicians before La Société de Biolgie, Paris, in December, 1875, as reported in The Journal of Nervous and Mental Diseases, pp. 337–8–9, April, 1876.

† Mental Pathology, etc., p. 5.

hypotheses the rational mind naturally accepts that which seems the most rational, or which has the most plausible reasons for its support.

So, likewise, the hypothesis gains credence daily that the white substance of the cerebrum is the seat of conscious volitions. The fact that it is composed of minute fibres, instead of cells, and that these fibres may be traced up to the grey substance and down to decussations with those of the medulla oblongata and the analogous substance of the spinal marrow, whence they decussate with motory nerve-fibres from the extremities, lends anatomical support to that view. Moreover, experiments with the electro-magnetic current upon etherized animals give additional support to the hypothesis, carry the matter beyond the hypothetical, almost into the domain of demonstration. If the well-known experiments of Dr. Ferrier, of England, to which we refer, prove any thing regarding the functions of the cerebrum, it is that of localizing the higher motor-nerve centers in the cerebral hemispheres, and the subsistence of a plurality of such centres, not only in respect of co-ordinating muscular actions, but also in respect of purely mental, or sensori-motor impulses. We have not space in the present article to give the details of the experiments of Dr. Ferrier, which go so far to prove the truth of this doctrine; nor is it necessary to recapitulate them here, as they are easily accessible to every one interested in the subject.*

Thus does the slow and toilsome progress of science confirm the deductive conclusions of the thinkers and philosophers — the true pioneers of discovery. The learned Dr. Gall, nearly half a century ago, boldly contended for the doctrine of sensori-centres, or organs, as he called them, in the brain, conformable to the physiology of his day; and if he and his learned but much derided confrères were in error respecting their precise seat and nature, they were not altogether wrong in the broad generalizations of the truth itself. They saw dimly and imperfectly what others shall see clearly and distinctly. Genius is usually the discoverer of truth; induction follows on with slow verification.

IV. Pathological Phenomena.

"Man is but half understood if he is observed only in health. Sickness constitutes part of his moral as well as of his physical existence." † So, shrewdly wrote an eminent Frenchman, half a century or more ago; and although the remark comes to us with all the force

* *Vide* Vols. III and IV, Medical Reports of the West Riding Lunatic Asylum.

† Broussais' Irritation and Insanity.

of an axiom; although its truth has been verified over and again in the daily experience of all observant physicians and intelligent lay people, yet it fails to arouse in either class of observers that degree of appreciation which its importance demands. It is even more significant in its bearings on our theme than any similar axiom in physiology. Medical psychology owes its existence to pathological phenomena upon which this axiom of Broussais is predicated, and from which it derives all the wealth of meaning with which it is so pregnant. The symptomatology of a sick man does indeed reveal his essential monism — oneness, homogeniety, mental and physical, body and soul — so unmistakably that it is difficult to reason one's self out of this conclusion by the most consummate use of word-symbols which the physiologist has yet been able to devise. Let us take, in the first place a brief, comprehensive glance at the totality of those psychical symptoms presented by corporeal disease, and note their relation to disorders of the corporeal organs.

Griesinger has very wisely remarked, in respect of diseases of the mind, that "nowhere is the desideratum strictly to keep in view the individual, of greater importance than in the treatment of insanity; nowhere is the constant consciousness more necessary that it is not a disease but an individual patient; that it is not mania, but an individual who has become maniacal, that is the object of our treatment."* The remark is equally applicable to disease of the bodily organs; for in every instance of so-called physical disease have we a case of individual disorder — an individual sick, more or less, in every part, and the more finely strung — organized — is such individual, the more universal does a particular sickness become a general disorder. If there are any exceptions to this remark they will more often be found in disease of the higher nerve-centres than in disease of the lower nerve-centres, or bodily organs; for mania of the intellect, as indicated in delusions, may and does sometimes exist with little or no disturbance of the corporeal functions; but, on the other hand, it is rarely the case that a corporeal malady can exist, even the most trifling, without disturbing — sometimes in a manner most marked — the intellectual, as well as the other cerebral functions.

In all maladies have we therefore a unit — an individual — to deal with, whose mechanism, at first, perhaps, a supposed inconsequential part of it, has become disordered, as the hand or the foot, the mucous membrane or the skin, and the being, the living, moving, thinking

*Mental Pathology and Therapeutics, p. 462.

"automaton," is abnormally affected by it in every part. Here is a delicate, dark-complexioned man, for example, who has a slight swelling of the metarsal phalangeal joint of the great toe. The swelling is red and hot; sore to touch and to movement; the whole limb to which the affected member belongs, aches and pains in evident sympathy with the inflamed joint. This is local and particular. Should the condition of the organic functions be inquired into, they would evidently be found deranged, every one; the manner of which every experienced physician could easily foresee — presuppose. The more purely psychical condition, however, could not be so easily apprehended, from the great complexity of moral symptoms which is often contingent upon such an affection. The sympathetic system may be so deeply involved by this little ailment as to completely unbalance and derange the psychical life of the patient for the time being. The individual may in consequence lose the control of his will, and fall under the sway or dominion of feeling, preternaturally active, and therefore, disordered. He faints possibly in the attempt to move; is easily excited; is anxious and apprehensive without just cause; often impatient, quarrelsome, despairing and complaining. If he were amiable before, he is quite otherwise now. Nothing gives him pleasure, nothing satisfaction. Life itself is a distress — one long sigh of unrest. His consciousness is overwhelmed with the morbid impressions of his disordered body. He has lost his normal taste and relish. The books he used to enjoy have become uninteresting and insipid. The friends he loved, and whose companionship was a necessity, no longer seem the same to him. He becomes estranged from them. Their manner and speech are displeasing, irritating, and possibly provoke in him uncontrollable resentment. Instead of being trustful and loving he is resentful and suspicious — possibly profane; ill-nature and despondency have taken the place of a disposition naturally buoyant and hopeful; a disordered imagination, conjuring up wild, extravagant and most unnatural horrors, has supervened upon one whose fancies were full of lifelike pictures, and whose conceptions were ordinarily pleasing, rational and enjoyable. This patient is full of whims and needs to be humored, as much so as a child during its first dentition. Mentally he presents a very common form of mental alienation; physically, he is simply gouty.

These psychical effects — even to the degree of complete transformation of the natural disposition — are frequently observed in the progress

of a so-called physical malady. The vicious become amiable and the amiable, vicious; the irritable and combative become kind and obliging; the weak minded become strong minded, and the strong minded, weak minded. Nor are these peculiar effects of physical disease confined to any particular class of disorder. There are few diseases of either animals * or man with which we are acquainted, which are not accompanied with psychical symptoms of some kind or other — favorable or unfavorable; and sometimes the psychical symptoms are more clearly characteristic of the malady than are the so-called physical symptoms. The parts of the bodily organism are so intimately related with each other, and the influence between each part and the *ensemble* is so reciprocal that an affection of one is immediately *felt* by the others. If there is any class of diseases that does not modify the psychical character of an individual it is that peculiar to the spinal cord, or its meninges. Several cases of spinal irritation, some of which presented well-marked symptoms of spinal meningitis of the upper half of the cord, of a chronic character, accompanied with opisthotonos and emprosthotonos, have come under our observation, in which no decided influence of the disease upon the cerebral functions was discoverable, from the beginning to the end. The patients were mostly women, and the degree of patience under prolonged sickness, and fortitude under frightful sufferings, was so noticeable as to become the subject of remark by the most casual observer. Their minds were clear and unclouded, brighter, indeed, if any thing, than before or since the attack; and the general balance of all the mental powers, of the moral perceptions and the intellect, was surprisingly preserved throughout. In two of these cases the sufferers would frequently come out of the most violent spasms with faces beaming with good nature, and resume their chat with some friendly caller as if they had been indulging a frolic, instead of enduring a period of agony. Their exemption from the nervous depression and moral deterioration so frequently observed as the effect of prolonged and tedious chronic disorders, was a subject of profound interest to us. Formerly there was no degree of praise to which, in our estimation, the fortitude of

* Close observers cannot have failed to notice the difference in the disposition of animals when they are sick and well. The celebrated horse, Longfellow, is a notable illustration of that difference, in point. In his recent race with Harry Basset, he met with a serious accident, which disabled him for a time. But, although he recovered from the wound and became thoroughly well and sound, his temper is so vicious that it is dangerous for strangers to go near him. Previous to the injury his disposition was amiable.

these patients did not entitle them. Since discovering its rationale, however, we are less enthusiastic in our admiration of the virtue under such circumstances, and more disposed to believe that the praise which was given them for the exercise of self-control under what appeared to be trying circumstances, was more easily earned than had been supposed. Our reasons for this opinion will appear further on.

It is quite otherwise with diseases of the "vegetative system" or disorders of the functions of "organic life," as we have seen. The most inconsequential affection of this part of man's nature, disturbs the balance of the emotions; and if actual mental derangement does not follow upon it, a mental state is induced which is closely allied to mental derangement. The psychical phenomena of gout has already been referred to; and they afford a very good illustration of the mental effects of diseases affecting the chylo-poiëtic, or digestive system in general. The moods in such affections are proverbially sullen, fickle and irritable. The dark side of life comes into undue prominence, and the sufferer is morose and melancholic. The central ganglions of the sympathetic are profoundly depressed; the blood is disordered by functional disturbance of the liver and kidneys, either as a sequence or as a cause of the ganglionic depression; and the latter send disordered messages to the sensorial centres of the mind, which, together with the supply of unwholesome blood to the circulation, depress in turn their functions, and thus corrupt all the processes and phenomena of the individual life. An individual may be a paragon of excellence in all that constitutes a noble man or woman in good health, and be suddenly metamorphosed into a being of quite opposite moral characteristics, when an affection of this nature has come upon him or her. Whereas, in good health he was in possession of lovable characteristics, now he is possessed of characteristics which ally him to that abnormal conception of diseased men of ancient fame — the devil. Even should he be able to maintain his self-control and suppress the expression of his evil thoughts, in act or speech, the morbid whisperings, instigating to mischief, go on within him without abatement; and he finds it most difficult to persuade himself, or to be persuaded, that he is not really tempted of the devil, so thoroughly is he possessed by impulses attributed to that celebrity. An old patient of the writer, a lady whose moral character in health is the most unexceptionable, suffers from an occasional attack of icterus. During the attacks, which are sometimes prolonged, her

moral character undergoes a complete transformation. From being prayerful and devout she is inclined to upbraid the Deity. She cannot enjoy, as usual, her devotions. The heavens are as brass to her. She is capricious and resentful; takes the kindest overtures in bad part. Is overbearing, arrogant and reproachful towards those she once loved best, but from whom she is now alienated. She has repeatedly confided to me her secret thoughts — the morbid impulses to acts of vice, the commission of which would be a grave misdemeanor, and inevitably consign her to the ranks of the low and degraded — impulses which I am confident, are entirely foreign to her normal nature. And she has frequently remarked to me, with the utmost consternation of manner, that she was no longer herself. Nor was she. Mary Magdalene was not more "possessed" than was she. During all these periods of profound mental agony the intellectual functions were apparently unimpaired.*

It is interesting to observe, that these moral transformations, by reason of bodily disorder, are often effected without bodily pain, or physical discomfort. The sufferings are described by the unhappy patients as of the extremest type, but wholly of a mental character, being caused by reflex influence of the sympathetic upon the higher sensorial functions. Despine remarks this peculiarity of reflex, psychical disorder, and observes: "This is why the affections of the organs which receive their nerves more especially from the grand sympathetic, react easily upon the brain and upon those functions, so much so as to change the character of the person completely, rendering him irritable, angry, whimsical, violent or sad. These changes in the instinctive nature of the individual, by means of morbid affections in which the grand sympathetic is involved, may take place without physical suffering, without serious indisposition." Then he adds that which we all know to be true, "that pregnancy, the menstrual period, constipation, the presence of worms in the intestines, although scarcely occasioning local discomfort, may cause the gravest changes in the character, and even insanity, in persons in whom the brain is very impressionable." †

* Let us add that this lady ultimately permanently recovered her *normal* self, mentally and physically — passed from the night of mental darkness into the light of a moral noonday.

† "Elle donne la raison pour laquelle les affections des organes qui reçoivent plus spécialement leurs nerfs du grand sympathique réagissent facilement sur le cerveau et sur ces fonctions, au point de changer complètement le caractère de la personne, de la rendre irritable, colère, bizzarre, violente on triste. Ces changements dans la

Disease of the heart, particularly that known as *angina pectoris*, is very generally accompanied with excitable, anxious moods; not unfrequently with ill-humor and ungovernable choler; of which we have in history, as well as in our own professional experience, many conspicuous illustrations, notably the case of the celebrated Dr. John Hunter. In people with an apoplectic tendency these moods may be commonly observed; indeed, their liability to fall into a passion is notorious; it is a species of insanity with them often in which feelings of indignation, from very trivial causes, overpower the rational will and compel the individual to acts of violence. And apoplexy, it is well known, is more often associated with disease of the heart and vascular system than with disease of the cerebral substance itself. The sacred writers of antiquity, therefore, were not so far astray, after all, in ascribing wickedness to "hardness of heart," a "heart of stone," etc.; for this is literally true, often, as shown in autopsies of people with *hard* tempers.

But last, though not least, in this category, are disorders of the sexual functions. The abnormal psychical phenomena, having their source in diseases of the womb, ovaries, testes and spermatic vessels, simulate the symptoms of every form of mental derangement and of moral disease, those of intellectual derangement, possibly excepted, even when such derangements are not actually and permanently induced by disease of those organs.

In women, mental deterioration from uterine disease is no unfrequent occurrence, even in the absence of brain complications. The strong character becomes weak; fickleness supervenes upon a judgment previously calm and clear; indecision upon resolution; pusillanimity upon fearlessness and courage; deceitfulness upon a frank, open manner. We believe that the habits of truth telling and fidelity in the social and domestic relations are more frequently broken up by irritable ovaries than by any native tendency to depravity in the female sex. Here, for example, is a young lady with an irritable ovary, who, previously was fond of kittens, but who now falls into a swoon at the sight of one; then, here is another lady

nature instinctive de l'individu, par le fait des affections morbides dans lesquelles la grand sympathique est engagé peuvent avoir lien sans douleur physique, sans malaise important. * * * "La grossesse, l'epoque menstruelle, la constipation, la prèsence des vers dans les intestines, quoique occasionant á peine un malaise local, peuvent causer les changements les plus graves dans la charactère, et mêne la folie, chez les persounes dont le cerveau est très impressionnable."—Psychologie Naturelle. Vol. I, pp. 440, 441.

who was formerly very fond of society, but who now, from a similar cause, has a dread of it, and prefers solitude; then, again, another, who, for the same proximate reason, dislikes, repels, and finally leaves, the man whom she has solemnly vowed to love, even though he prove worse instead of better. For some, to her, strange and unaccountable reason she can no longer endure his presence; his caresses are received with ill-conceived but uncontrollable aversion.

Women, whose moral characters were above reproach, have thus been known to play the fiend incarnate during the first months of utero-gestation; exhibiting every species of demoniacal fury which a demoniacal cunning could devise. All the vile passions and abnormal emotions known to the human heart frequently gain the ascendency over the unhappy being, under such circumstances, and incite in her the desire to indulge in petty violence, obstinacy, malice, and revenge; or to exhibit a spirit of envy, jealousy, quarrelsomeness, resent, arrogance and selfishness; or a faithless, lying, reproachful, overbearing, fault-finding complaining mood; a disposition, often, when worse traits are suppressed, to annoy, tease, hinder, dispute, destroy property and engage in strife and weak contention, *ad libitum* — conduct altogether foreign to their normal state. Happily for the race, and for husbands, these phenomena are not the rule in pregnancy. Yet they may not unfrequently be observed in the highest circles of Christian society; the absence of them, in the lowest. There seems to be some abnormality in our social customs which, unhappily, engenders sexual weakness in women, perverts their nature and impairs their powers of reproduction, and their capacity to produce a strong, hardy progeny.

In men, psychical disorder consequent upon disease of the sexual organs, can hardly be less serious than in women. There may not be absolute hysteria in men, as in women, though we believe it does sometimes occur; but the moral break down is as complete and equally common. Take, for example, that weakness known as spermatorrhea. What ravages does it not inflict upon the cerebro-spinal system, as well as upon that of the sympathetic! In destroying the tone of the organic system, so called, it impairs the vigor of the intellect, of volition, and corrupts the centres of emotion and of moral feeling. This disease causes in men of naturally strong mental character the same degree of fickleness and instability; the same want of fidelity in their relations of business, or love, or friendship which we have ascribed to women suffering from an analagous disease. The courage

which peculiarly distinguishes the ideal masculine character, the courage of opinion and conviction; the heroism to brave danger and encounter obstacles; the daring to do what one believes to be right when all the rest of mankind believe it to be wrong; the resolution to work and to persevere, for work and perseverance's sake. These high qualities all crumble into decay in an individual whose sexual system, has become enfeebled by disease. The purpose of such a one is weak and vacillating; he is uncertain to promise and still more uncertain of keeping his promise; he has lost the energy of manly loving, manly working and manly daring; he comes to doubt himself, and, therefore, every thing else—the existence of truth, fidelity, honor, conviction; believes all men are miserable dullards; and if he is suspicious of all men, all men, sooner or later, become suspicious of him, and especially all women. He loves nothing long, but every thing by turns; now excess of passion, fitful and capricious; then, disgust and loathing. He has not the strength of thinking out new processes nor the resolution of carrying out old ones. His habits of business and enterprise reverse the axiom of business life, for he never does to-day what can conveniently be put off until to-morrow. That independence of thought and action; the manly self-reliance; the strong love of life and the enduring faith in virtue; the calm, clear head in trouble and adversity; the courage to live while he can and to die when he must, without fear or reproach of the gods, or complaint or distrust of the providences; all these elements of character, in brief, which make a man a man, and a tower of strength to his race—a refuge for the weak in trouble and adversity—lapse in part, or die out altogether in one who suffers from the graver forms of spermatorrhea; and in their place succeed weakness, irresolution, despondency and despair. Many forms of vice may follow also, but more often, especially in the graver and more settled forms of the weakness, no serious offence against morality is committed. He may, on the contrary, have excess of the pious element and be moral even to prudishness. While he is weak enough to be miserable he is too weak to be absolutely immoral. More often he is so good as to be absolutely good for nothing.

We believe that the influence of sexual disorders of men, as a cause of insanity, has been over-rated by medical writers. The clinical records of asylums, of course, show as a matter of fact, an almost constant association of the two maladies in the same person; but it is by no means always easy to determine, with any thing like certainty,

the relation which the two states sustain to each other. While, on the other hand, we have good reason to believe that medical writers under-rate the influence of disorders of the sexual functions on the ætiology of the petty vices of men and women so prevalent in civilized life. In insanity there must exist an insane temperament, bias or neurosis, to give direction to a morbid cause. When no such predisposing bias to insanity exists insane effects from any of the usual exciting causes of insanity cannot be counted on with certainty. Given the predisposing bias or neurosis, and the causes which produce any form of disease, may likewise produce insanity. It is a matter of observation that some of the worst forms of sexual disease, both organic and functional, exist in both men and women without exciting any insane tendency. They cannot be found, however, unaccompanied with more or less impairment, or demoralization of the psychical character. This, however, while it is an insanity, is so outside the confines of technical interpretation.

Referring to the changes in the *morale* of an individual, through the influence of disease of the corporeal organs, Griesinger very truly observes, that they "constitute some of the most important fundamental elements of the pathology of insanity." "They are the key," he remarks, "to a knowledge of the predisposition to mental disease resulting from the most diverse bodily diseases, and of the mode of action of psychical causes."* The rationale of the effects of functional disease upon mental derangement is perfectly clear to the mind of every medical man. Equally clear is it to him why a grave affection may exist in the cerebral centres, or even in some parts of the spinal system, without perceptibly disturbing the bodily functions, or demoralizing the emotional states. Preserve the normal operations of the functions of organic life and there will be assured a certain stability of the emotions, even if emotional insanity, by far the largest variety of insanity, were not an absolute impossibility. Indeed, we must maintain, without fear of contradiction, that the protean forms of emotional insanity, and of disease of the organs of the so called "vegetative life," sustain the constant relation of cause and effect, the cause being in the domain of the latter; and that when the relation of cause and effect is inversed, and the emotional disturbance precedes the bodily disturbance, the former cannot become a fixture in the mind until the corporeal powers are seriously impaired. Despine has well said that "the physical sensations of pleasure and pain which

* Mental Pathology and Therapeutics, p. 58.

accompany the impressions of the soul during the manifestations of the sentiments and passions, must therefore have for their primitive seat a nervous organ other than the brain; it is principally to the nerves of the grand sympathetic that this function belongs; and as all the phenomena over which this system presides, are independent of the will, the phenomena of emotion are so also." * This being obviously the case, the ordinary exciting causes of emotional insanity, as fear, grief, anxiety, vexation, disappointment, etc., though their influence in depressing the functions of the grand sympathetic, must permanently impair the functions of the bodily organs ere the morbid effect of such exciting causes would be able to make a fixed and permanent impression on the higher cerebral centres. Griesinger, himself, has recognized this fact when he admits that when we are influenced by "external causes capable of exciting an emotion, * * very much depends upon these existing, habitual or transient cerebral states which are excited by the bodily conditions, whether the emotion will be constant." † It is obvious that in good health it would not become fixed, but be altogether transient, else we should all become insane at the loss of a friend, or go mad when crossed in love.

Do we sufficiently appreciate, therefore, man's dependence on his organism, the lower organism, that part of his being which it was the fashion in times past to affect to despise, for sanity — for that without which life would be hardly worth the living? The pleasures of existence are so closely related to the things of time and sense, to love and appetite, joy and hate, getting and begetting, that without them earth would be a barren and cheerless waste to the most of mankind. What perennial happiness is that which springs from the association of parent and child, husband and wife, brother and sister, friend and friend, kindred and neighbor! What lovely and exalting emotions are engendered of conjugal love! The felicity of maternity and paternity; the pleasures of the senses — of seeing, hearing, eating and drinking; the sentiment of love and worship, which con-

* "Les sensations physiques de plaisir et de douleur qui accompagnent les impressions de l'âme pendant les manifestations des sentiments et des passions, devaient donc avoir pour siege primitif un organe nerveurautre que le cerveau; c'est principalement aux nerfs du grand sympathique qu appartient cette fonction; et, comme tous les phénomènes auxquels préside cette systéme sont indépendents de la volonte, les phénomènes de l'emotion de sont aussi." Psychologie Naturelle, Vol. I, p. 439.

† Mental Pathology, etc., p. 57.

tribute so much to ennoble one and fill up the cup of life's joys. These are the things, that render life a boon of priceless value; that make a heaven for man on earth. Nevertheless they have an origin — they take their rise, receive their inspiration, from his bodily organs, chiefly in his *viscera*, as unpoetic as is the idea! We may befog our faculties in tracing the phenomena of "reflex action" and "automatic" nonsense, and confuse the meaning of the grand facts of our earth-life with learned disquisitions upon this function or that process; but then, when we have succeeded in reducing the phenomena of organic life to that of a machine, less simple and cunningly devised than that which puts brass into wires and wires into pins; or that records the fluctuations of the gold market with such marvellous skill and rapidity; the truth is reflected back upon us, with something like its old force and significance, that within man's body — I might properly say his *abdomen* — springs all that depth of feeling, all that wealth of emotion, which makes healthy human life the supreme joy and satisfaction it is. A heaven, in which the sympathetic system, and its dependencies — the abdominal viscera — is excluded, would be a dreary abode, a bore — we say it with perfect reverence—for any soul worthy of immortality. Deride the body, therefore, who must; put off its crowning, who will; but for heaven's sake let us maintain its organic symmetry, its functional harmony, if the kingdom of heaven is ever to be established upon earth!

The more one observes the phenomena of human life, and studies the influence of the grand sympathetic upon them the greater importance must one attach to the preservation of the normal condition of the corporeal organs. We very much doubt if "bowels ever yearned with compassion," whose condition were abnormal. While, on the other hand, a well-developed, healthy viscera is the source of more inspiration that is truly divine than people commonly suppose, we would have no one believe that the visceral organs were the exclusive source of divine inspiration. But we would like to see inculcated an increased respect for *that kind* of inspiration which comes from sound liver and stomach. So close an analogy is there between a man's moral philosophy and the state of his abdomen, that one can diagnose the latter from an examination of the former. Does not the sulphurous philosophy of John Calvin bespeak the yellow skin and stunted form of that liverless man? Do not the sermons of Lyman Beecher and of Dr. Bethune indicate the physical

condition of which they suffered during life? On the other hand, he whose moral teaching partakes of the tints of the sunbeam, is full of beautiful prophecy, of loving and merciful sentiments, has good digestion, to say the least, though his brain be below mediocrity. He is the successful preacher, albeit his inspiration may come from beneath his diaphragm. The large abdomened preacher is generally the one that draws the crowd and pays off the church debt, though he be devoid of a moral philosophy of logical consistency, and can read neither Calvin nor Chrysostom in the original.

It will be obvious to every one who reflects upon the bearings of this subject that physical disease, like all nature, is a unity, having two sides. It occurs to us that physicians — especially those of the very old school — we believe there is no *new* school in medicine to-day — are accustomed to view disease from one side only — the objective — physical. Thus have they divided diseases into two great kingdoms, according to their location. If in the head, and confined to the sensorial centres, it is psychical. If elsewhere, it is physical. This is a very grave error, an error which to the lasting honor of Samuel Hahnemann, the peer among peerless physicians, he expressly, though as it seems, vainly, guarded his followers and coadjutors from falling into. All the phenomena of a living body are altogether psychical; in health, normal; in disease, abnormal, but still psychical; and we may say, still physical, for the twain are one and inseparable. The division of the phenomena of health and disease into physical and psychical is a trick of the intellect for its own convenience. In actual observation, and when dealing with either class of phenomena, normal or abnormal, care should be taken to reunite the physical and psychical phenomena of each class into one totality. The medical observer will often get a clearer insight of the ætiology of organic disorder if he call to his aid the so-called reflex symptoms, the psychical phenomena exhibited by it, and which are characteristic of the disorder under observation, and be able, thereby, it is believed, to cure a malady, or at least to comprehend it, when otherwise he would fail to do either.

In following up the course of our argument, we proceed now to the consideration of disease of the sensori-psychical centres, and its bearings on our theme — the monism of man.

Griesinger has observed that the anatomical changes which indicate insanity, that is which produce psychical anomalies are naturally to be sought for within the cranium, in the brain and

its membranes* If it be true that structure and function are coexistent and interdependent in pathological, as we have seen that they are in physiological, phenomena, we should naturally expect to find the proximate cause of all disease to consist in abnormal changes of structure and function in corresponding parts of the physical organism. And this is true no less in so-called psychical disease than in so-called physical disease. In those forms of insanity, therefore, which involve the derangement of the cerebral substance, the proximate cause of such derangement may be confidently looked for in the seat of those functions, or in parts in intimate sympathy with it; for if psychical anomalies can exist independent of the condition of their seat and source, there is no basis for psychological medicine, and the magnificent superstructure bearing that name, which the centuries of industrial research has reared, must fall to the ground for the want of a rational support, and be again succeeded by that horrible nightmare in philosophy — demonology, — and the sooner the better. Nor is this result all that would follow as a logical sequence of the independence of psychical disease, of the physical environment. The revival of the belief in bodiless forms, ghosts, spectres, spirits, angels, imps and devils, would naturally revive imposture medicine and bring back to mankind the sorcerer and conjuror. The doctor would be compelled to give way to the priest; physic to charms; the pellet to the amulet; the appliances of art to prayers and invocations. For mania, we should have *possession* of an evil spirit; and the idea of medicine for a mind diseased would become an absurdity as great as it was in the time of Shakespeare. If we have securely ridden ourselves of the influence of this spectral philosophy, in interpreting the phenomena of living beings in disease, as well as in health, it is due, let me observe in passing, to the growth of a belief in the invariable certainty of the relation of cause and effect in the human economy and the adequacy of reason to interpret that relation. Many forms of insanity, notably melancholy, hysterical, and cataleptic mania, are not local disorders, or if local, they are identified with bodily disease in the first place, even if the brain substance and its membranes become involved in their later stages. Idiopathic insanity, or psychical derangement, involving the organs and functions of the higher nerve-centres, the seat of the moral and intellectual powers, must, we believe, depend on abnormal changes in those centres, either functional and temporary,

* Mental Pathology, etc., p. 409.

or organic and permanent. Careful dissection of the supposed seat of those centres have not always revealed the existence of such pathological changes, it is true. But how much such failures are due to the want of the means of detecting them; or of sufficient diligence and skill in the search for them; or of knowledge adequate to recognize and appreciate them; or to all these causes together, it is difficult to decide. The progress of discovery in this direction within a few years, since the invention and perfection of the microscope and other instruments of investigation, is such that we may reasonably assume that the repeated failures of the anatomist to find the proximate causes of mania in the brain were due to errors of observation, and not to the absence there of those causes. Then, when we reflect how wonderfully delicate are those nerve-cells and nerve-fibres, of which the cortex and medullary of the brain are constituted, and how slight are the molecular deviations requisite to produce psychical anomalies, we cannot think it at all surprising that even such observers as Pinel, Morel and Esquirol should report cases of serious mental derangement occurring in persons whose brains were apparently sound. The surprise is rather that they were able to detect pathological changes in the cerebra of so many of the insane, in view of the inadequacy of the means of investigation to which they were confined. "We must consider," says Griesinger, "how easily many very minute but important changes — even exclusive of those which are only microscopically appreciable — may elude mere ordinary attention, and we ought, as a rule, to accept statements regarding the normal, or abnormal, condition of the brain from those only who, by the whole spirit of their writings, show that they are acquainted with pathological anatomy, that they acknowledge this pre-eminently, and that they know what is to be looked for and what is to be esteemed." Then he observes that recent discoveries of previously unknown changes, have added new light on the pathological anatomy of the brain, and adds: "Just as we know for certainty that much that is important was overlooked by the older investigators, so may we anticipate still greater results from still more searching and minute investigations in the future." *

When we remember that these words of Professor Griesinger were penned more than thirty years ago, it must materially increase our admiration of the rare sagacity and scientific spirit which animated the soul of this great German physican. His prediction has very

* Mental Pathology, etc., p. 409.

naturally come true. Pathologists of to-day are able to descend into anatomical minutiæ to a degree which would have amazed a Pinel, or an Esquirol, or even the Griesinger of thirty years ago. But even now, with their finer aids and facilities of observation, and their vastly increased knowledge and appreciation of morbid molecular changes, he would write himself down an idiot who should claim that the last degree of molecular analysis had been reached, and that there were no greater depths in that direction to which the microscope could conduct the human mind. Nevertheless, a position has been reached in the domain of the morbid anatomy of the brain, when the pathologist may confidently assert, without fear of contradiction, that mania and abnormal changes in the brain-substance or its vessels are constant concomitants of each other. Analogy forced this conviction upon the medical mind years ago, but the proofs have come with painful slowness. The scientific spirit, however, can wait for verification. Like the Eternal, whose child it is, science is in no hurry with its processes, and can afford to advance slowly and with infinite patience.

Schroeder van der Kolk, after an experience in the study of pathological anatomy of more than thirty years, says that he does "not remember during the last twenty-five years the dissection of an insane person who did not afford a satisfactory explanation of the phenomena during life." "On many occasions," he continues, "I was able accurately to foretell what we should find."* Maudsley's experience in the same direction, however, evidently does not justify him in making so strong an assertion. He writes: "The cases of chronic insanity, in which all anatomical lesions are wanting, are rare. The longer the insanity has lasted the more evident they usually are." Nothing could be more natural; but between a lesion, or a perceptible morbid change in the brain tissues, and a morbid molecular change in them, there is an infinity of distance; and the inference is perfectly logical that, at the outset, or in the small beginnings of the disease, before even the symptoms of it were sufficiently prominent to excite apprehension, much less alarm, the local morbid changes might be absolutely unrecognizable, even were the brain of such a person open to inspection. By means of the ophthalmoscope, however, many minute pathological changes in the nerve tissue in such cases are recognizable now during life, which before were impossible.

* Minute Structure and Function of the Medulla Oblongata, p. 231. Cited from Maudsley's Physiology and Pathology of the Mind, p. 392.

The condition of the brain and the tissues of the encephalon in acute insanity, affords the most conclusive testimony in support of the physical character of psychical disease. Even in cases that do not disclose some defect, or lesion or malformation of the membranes of the encephalon, or of the ganglionic bodies associated with the structure of the hemispheres, there is constantly to be found hyperæmia of the pia mater and arachnoid; sometimes inflammation of both these membranes; discoloration and extravasation of blood in the cortical layers, or grey substance, and frequently softening. The white substance of the brain discloses, also, the same hyperæmic tendency in the manifest increase of the puncta vasculosa. Dr. Maudsley has reported a case of acute insanity, of which dissection showed some of the above characteristics. The arachnoid, however, "was slightly clouded, like glass gently breathed upon, and streaked with a delicate milky opacity along the lines of the vessels, while it was bulged at the sulci by a clear, serous fluid beneath."* The author regrets that the examination of this case could not have been carried further by a competent microscopist. Had it been, he feels certain that the cortical grey, the supposed ideational substance, would have exhibited the same, or a similar hyperæmic condition.

There is something peculiarly significant in the fact that mania, whether acute or chronic, is so generally associated with disease of the serous envelope of the brain, involving, at the same time of course, the pia mater, which lies in close contact with the cerebral cortex, or dome of thought, and supplies its circulation. The anatomical relation of the parts shows conclusively that the effect of any deviation on the part of the arachnoid and pia mater, especially the latter, from their normal condition, would be at once reflected upon the cortical substance and naturally interfere with the harmonious play of its function; thus deranging the ordinary procession of ideas, and inducing morbid fancies or wild delirium, so characteristic of insanity. The strange fancies or actual delirium which are such familiar concomitants of simple or inflammatory fever finds, in the intimate sympathy of the pia mater and the cortex, or grey substance of the brain, an easy and satisfactory explanation. The same fact also explains, in a manner equally conclusive, why insanity may exist, in its early stages at least, and leave no visible trace of its presence in the cerebral substance; its functions only being impaired by disease of its contiguous membranes, the adjacent ganglia, or the

* Physiology and Pathology of the Mind, p. 347.

connecting commissures. Indeed the sympathy between the cortical substance and the pia mater is so close, its dependence on it for nutrition and molecular life even, we may say, is so great, that its function could not but be greatly influenced, or entirely controlled and perverted, by the condition of that vascular envelope. And Griesinger declares, on the strength of the facts brought to light by autopsies of the insane, "*that the most important and most constant changes in the insane consist in diffuse diseases of the external layers of the cortical substance — that is, of the surfaces of the brain and of the membranes covering them.*"*

In the encephalon of the chronically insane, however, as well as the incurably wicked and depraved, every form of malformation is found to which living tissue is liable. Osseous tumors of the cranial bones; stalactites and exostoses of their plates and internal surfaces; hypertrophy and induration of all the membranes of the brain; atrophy, induration, anæmia, extravasation of blood and softening of the medullary substance; cysts, tubercle, cancer growths and cystercercuses within its substance; fatty degeneration, etc.; atrophy, thickening, distortion, malformation, or entire absence of the corpus collosum and other commissury bodies; the gland of Pineal and other glands; and the various ganglia of the brain; atheroma, rigidity, calcification, and aneurisms of the arteries, both large and small, even of the microscopic arteries; thrombosis and contraction of the sinuses; fibrous deposits; incomplete, distorted, and unsymmetrical development of the hemispheres and their convolutions and sulci, etc., are a few of the pathological degenerations found within the cranium of those unfortunate creatures who have died insane. The list, partial and incomplete though it be, is more significant than entertaining.

Let no one suppose, moreover — among the unsophisticated in medical matters we mean — that lesions or malformations in insanity are confined to the head. He who is insane in the head, is insane all over him — deranged and distorted in every part. We do not now refer to nor include those cases of acute mental derangement which so frequently supervene upon adequate exciting causes— causes which would rack and cause to totter in its dome the reason of the strongest of us; but to those cases of idiopathic, constitutional insanity, of which the asylums are full to-day. Their bodies as well as their brains are abnormal in every part; and herein is the important lesson of our essay. Even those cases of

* Mental Pathology, etc., p. 414. The italics are his.

monomania — cases of mere eccentricity of character, have generally some want of symmetry in the contour of the physique. It may be of small importance by itself; it may consist, for example, of stubbed fingers; distorted or ingrowing nails; growing together of some two of the toes; turning in of the toes in walking; a noticeable difference in the halves of the body, of the head, limbs, etc. These physical peculiarities are common to eccentric people the world over; and we have seldom failed to discover something of the kind in them when we have had an opportunity to look for it; and, in general, the graver the form and degree of the eccentricity the graver will be the physical defect. In the pronounced insane, and in those viciously wicked people who fill our jails and penitentiaries, and the hosts of other people in society, who, if they had their just deserts, in the superficial estimation of their judges, would be in jail — if enough jails there were to hold them — are mostly physically disordered and malformed. There is a want of symmetry in their bodies everywhere; a decided reflection from the ideal type of the human form quite noticeable. The muscles are frequently unequally developed; the skin is wanting its normal sensibility and texture; is often cross-grained, with copious development of moles and hair; wanting in delicacy of sensation and is not unfrequently anæsthetic. The special senses are likewise affected — sometimes preternaturally acute, or dull; sometimes entirely wanting. The structure of the eyes is imperfect, and the eyes often possess unequal sight; one being myopic; the other, presbyopic. Other peculiarities, as strabismus, squinting, opacity, cataract, etc., may be frequently observed. Not unfrequently, also, may be found deformed joints, deformed nails; ears disproportionately small, or disproportionately large; congenital varices; nævuses; hair-lip; cycosic excrescences; wens and warts; a superfluity of fingers; unequal length of the limbs; unequal size of the hands and feet. Sometimes all these members are abnormally small; sometimes they are abnormally large. The physiognomy is inharmonious and graceless. Then, there are often to be observed a want of the full power of muscular co-ordination, which destroys the harmony of gait and manner. The walk may be shuffling and awkward; wanting in grace, ease and elasticity. The hands are unwieldly and acquire dexterity or cunning with difficulty. There is stuttering, or confused speech; an uneasy restless eye; an unsteady, faltering, purposeless movement; or a quiet, dull apathetic manner. To these external marks of bodily symmetry are generally found internal defects in keeping with them. Some of the organs are preternaturally large;

others preternaturally small. Organic defects of the sexual system are very common. Displacement and other abnormal changes of the womb, ovaries and of the testes, with unequal development of them, or absence of some of them, are not unfrequently met with in the eccentric or insane. Then, there are atheroma and aneurism of the arteries; malformation of the heart and its valves; tumors in the stomach and intestines, worms, chronic diarrhœa, or inveterate constipation, etc. But the most common and constant defect of the viscera is tubercle in the lungs. All observers agree, so far as we know, that tubercular consumption of the lungs is the most common corporeal disease with which the insane are afflicted, and, indeed, the most common cause from which they die. We have met many cases in private practice that we believe were saved from insanity only to die of consumption of the lungs. Were it possible for these physical anomalies to subsist in the absence of corresponding psychical anomalies, one might conclude, with some show of reason, that the mind or soul of man was independent of, and sustained an existence apart from, its environment or visibility. The truth is the twin anomalies are never dissociated except under certain exceptional circumstances, susceptible of an explanation entirely consistent with their essential unity.*

The limit of our space forbids that we should, in this place, reverse our procedure and show the morbid influence of a deranged cerebro-spinal system on the corporeal functions. Everybody knows the withering influence of grief, how it dries the very bones; the effect of fear, how it bristles the hair, reduces the temperature, and paralyzes the sympathetic centres of the heart; of anxiety, how it arrests the secretions and wrinkles the skin; of remorse, how it consumes the body as with a never-ending fire; of disappointment and thwarting of the affections, how life's warm currents are checked in their

* As, for example, it not unfrequently happens that a so-called physical disease is of signal benefit to one's mental powers. Novalis was a stupid lad until after a course of fever; and his poetic genius was never so brilliant as when he was dying of consumption of the lungs. Theodore Parker's experience was not altogether dissimilar; and the mind of the celebrated Pascal was relieved, rather than burdened by bodily infirmity. Similar examples might be adduced in great numbers; and they go far to show the kindly intent of nature in the institution of disease and in guiding its direction — producing a local affection to relieve the economy of a constitutional disorder. In cases, for example, of a tubercular diathesis, consumption of the lungs may afford its victims a happy escape from a worse fate — mania. Disease is never an unmitigated evil, except when it invades a constitution perfectly sound.

course, and the natural tendency of life' energies reversed by it. All nature within one, when hope is fled, engages in a slow persistent suicide. Jealousy, it is said, produces spasms in the heart and chest; and anger gives rise to the premonitory symptoms of apoplexy. "Witness," says Feuchtersleben,* "the storm in the veins of the angry one; his inflamed countenance, his gasping breath, his beating pulse, wild expressions and all the premonitory symptoms of apoplexy!" As fear will blanch the cheek and despondency slow the respiration and the pulse-beat, so shame will blush the cheek, and joy bring back the heart's action and restore the respiration. Whatever be the circumstances under which we live, joy or sorrow, adversity or prosperity, success or disappointment, and whatever be the condition of our body, healthy or diseased, deformed or symmetrical, sane or insane, no labored argument is required to satisfy the reason of men of learning to-day, that the human body, like the universe, of which it is the epitome and evolution, is under the laws of mind, and is in form and substance, mind's supreme incarnation and visible embodiment.

In finally concluding our essay, which, though apparently long drawn out, is altogether too brief to do justice to the subject, let us endeavor to put in diagrammatic form the progress of scientific ideas or conception respecting this subject within the present century. In the first place there is the existence of God and nature occupying the antipodes of being; then matter and force of the mineral kingdom. Then comes the vegetable kingdom, in which the principle of life dominates chemical affinity and even gravity, and produces organic substance, vegetation. Succeeding life and including it, comes the animal properties of irritability in the humbler forms of animal substance; contractility in less humble forms; then sensibility in forms of higher grade; and finally all the principles and properties combined in the highest and most complex organism, and forming—Man, endowed in some mysterious manner with an entity of unknown properties, viz., soul. This is the man of MM. Bichat and Majendie, of the old school of physiologists.

The present scientific conception of man is more complex, but at the same time more rational. The relative positions of God and nature have changed somewhat but they are still at antipodes, though the former is reduced to a negation. Since man is *evolved* now, not *made* as he formerly was, we must, begin with nature at the bottom and end with the controlling power — the sun.

* Dietetics of the Soul, p. 106.

Modern science represents the sun as the source of all power in creation, the parent, and birthplace of those forces that in nature take on form and become visible. This will be regarded as a Godless conception of the universe; and if there be any fault or error in it it is not the writer's, but belongs solely to science. No one who reflects much on the course of organic nature can give the sun an inferior place, or agency, in directing it. Science, therefore, true to its instincts, and regardless of consequences, clings strongly to the sun, and puts Deity in the distance as an appendage with, at present, an unknown function. The conception will be called, we fear, a "negation erected into a system."

Our conception, however, of this subject, differs somewhat from that of science howsoever immodest the declaration may seem. Ours is Pantheistical. To us God and nature are an indivisible unity. Matter and force, identical. Man and soul one, indivisible, individual. That there is in all substance a law of being — a principle of differentiation. That all force is a form of mind; and all mind a form of force differentiating phenomena. Our conception will be regarded transcendental, and so it is. It seems to us that the objective view of material phenomena — of nature — is altogether crude, unsatisfactory and irrational; and that the time is come to look away from automatic phenomena as applied to the explanation of animal actions, or even to vegetable actions, yes, even to any process of molecular actions, and recognize in the countless forms of matter, MIND IN NATURE, evolving visibilities; and that the ideal visibility is Man — a living Personality — a conscious Soul. The following diagram is an imperfect attempt to embody in tabular form this idea.

In this diagram we have endeavored to represent the unity and progressive development of force and form, from the simple to the more complex, until man himself is reached as the ideal summation of divine Wisdom. Beginning with the molecule and chemical affinity in the centre, each succeeding circle evolves and represents a higher substance and form and a corresponding higher force or attribute. These two qualities of being are placed at opposite sides of the circle, to show their inseparableness to a complete idea of either. A larger number of circles might have been employed with advantage; but these are sufficient to illustrate the great doctrine of the inseparable unity of the visible and the invisible in any thing or being in nature.

THE MONISM OF MAN.

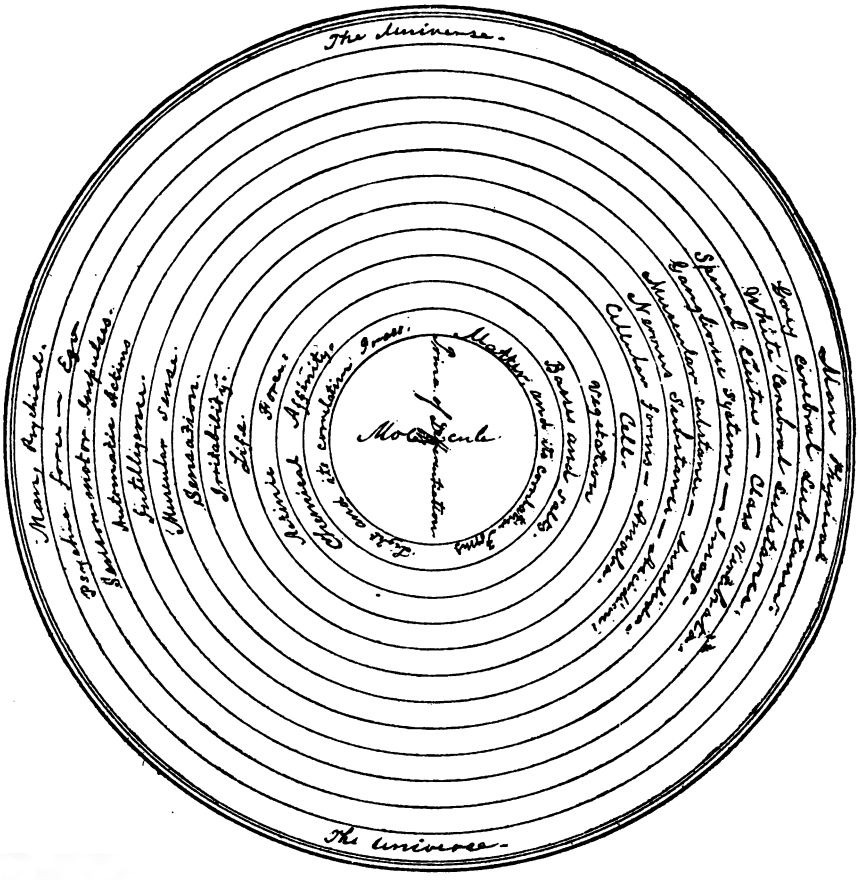

DIAGRAM SHOWING THE EVOLUTION OF MAN, AND THE CONNECTION AND INSEPERABLE UNITY OF SUBSTANCE AND FORCE, MATTER AND MIND.

XXIV.

Report of Three Cases of Uterine Disease treated at the New York State Homœopathic Asylum for Insane, at Middletown, N. Y.

By Miss GEORGIANA HORTON, Female Medical Assistant, with Prefatory Remarks by Henry R. Stiles, M. D., Medical Superintendent.

In the report of the State Homœopathic Asylum, which I have made to you this day, I alluded to the fact that the uterine disease of female patients in insane asylums seldom, if ever, received any direct or local treatment; and that the reason they were so ignored was to be found in the peculiar dangers and difficulties which attended such treatment when attempted by the resident male medical officers of the asylum.

"The reason," says Dr. H. R. Storer,* "that mental disease in the female, dependent upon reflex or ovarian irritation, is not generally treated at hospitals for the insane in the same manner, or as successfully, barring only the lessened risk of homicide or of suicide before cure, as in private practice, is, in the main, the following:

"The whole and sole charge of the patients — medical, moral and economical — is thrown entirely upon the superintendent of the hospital. This is certainly an advantage in every thing concerning the government of the establishment, for it prevents all clash of opinion — all evasions of duty. It is excellent in every respect, save alone as concerns the weight and extent of medical responsibility. I would by no means lessen the superintendent's authority, but, as will be seen, would free him from his present involuntary embarrassment.

"The superintendent, as at present situated, cannot make such examination of a female patient, or pursue such methods of treatment as are absolutely required for the relief of many forms of gynæcological disease, upon which, as I have said, her mental malady not unfrequently depends. He is absolutely prevented from this alike by regard for the patient's welfare, for his own personal reputation, and for that of his hospital. So constantly compelled to see the patient, he appreciates the importance, as regards other details of treatment — moral,

* Reflex Insanity in Women, page 213.

etc. — that he should retain her confidence and escape her fears; he recognizes the danger, lest an endeavor to arrive at a proper diagnosis of her disease should seem to the disordered mind only an attempt at improper and unpardonable liberties with her person, and should she ever entirely recover her reason, be so represented to friends and to the community by her perverted and imperfect memory. These risks, so great in some patients under temporary aberration from anæsthesia, have been realized to the full by Dr. Beale, of Philadelphia, and others; with the insane they are increased.

"In this strait, upon whom is the superintendent to rely? Not upon his assistants, surely; younger men, and often merely pupils; at any rate placed in the same relation as himself to the patient, the hospital, and the outside world. Here is the strange and paradoxical example of a physician pledged by even higher than ordinary motives to the relief of his suffering patients, concerning a large proportion of whom, however, his hands and his judgment are practically and entirely fettered. He cannot search for the manifestation of disease, nor, were they known to be present, can he relieve them; and yet we all contend, and strive to persuade the community that our hospitals for the insane are no longer prisons; that they are not homes for detention, but for cure. The existence of these facts, and the justness of the above reasoning, superintendents have repeatedly acknowledged to me with regret, and a hope that the evil may be remedied."

Dr. Storer finds the remedy for this in the appointment to each insane asylum of a board of consulting physicians, selected from practitioners of the immediate vicinity, with due regard to their character and professional fitness, and the appointment being honorary and without emolument. This undoubtedly, if carried into practice, would prove a careful safe-guard and relief to the superintendent, but it seems not quite to cover the ground. It does not relieve the modesty of the female patient; nor does it conciliate her fears and prejudices, or prevent delusions which are frequently engendered in the disordered mind by the approach of a male practitioner. In other words, while a medical advisory board guards the superintendent against scandal and damage to reputation, it does not relieve the patient from influences which are exciting, disturbing, and mischievous.

The medical officers of the State Homœopathic Asylum have, in view of these facts, preferred to employ the services of a competently educated female attendant, whose daily life and companionship among

the patients may win for her their confidence and respect; and whose examinations and treatment are consequently effected without prejudice and disturbance; and, except in rare cases, without any difficulty. These examinations are carefully reported to the superintendent and assistant physician, who thereupon prescribe the appropriate remedies and the local treatment, which latter is applied by the female attendant. She has no responsibility for the medication of the case. She is simply the "eyes" through which, so to speak, are photographed, for the doctor's benefit, the actual conditions of the uterine organs as revealed by her careful examination. Yet the fact that she is so employed by the physicians is generally fully appreciated by the patients as a delicate concession to their own feelings; and their confidence in her is strengthened by the fact that she is acting upon the direction of the medical officers. The mutual respect of each party is thus preserved; and there is no collision of feeling on this point, which might tend to disturb the otherwise proper relations of physician and patient. We have been fortunate thus far in the selection of ladies to fill this important position, and I herewith take the liberty of presenting to your notice the brief record of three cases thus treated, under our direction, by Miss Georgiana Horton. These are not especially remarkable in themselves, except as furnishing an idea of the methods of our medication and general treatment in such cases.

Report of Few Cases Treated.

Case 1. Mrs. ———, age twenty-five, admitted February 16, 1876. Insanity in this case was considered to be entirely dependent on uterine disease resulting from recent miscarriage. Patient menstruating every two weeks — flowing excessively.

Examination per speculum revealed the uterus prolapsed, the cervix inflamed and enlarged, with abrasion of the os. Treatment, belladonna suppository gently applied to the abraded surface of the os-uteri. Continued treatment three days, when patient commenced menstruating, the menses having occurred only two weeks previous. Patient greatly excited during and after menstruation, unfastening restraint, and in the night attempting to escape from a fourth-story window, violent ward. Excitement so great that it was thought advisable to discontinue treatment for a few days.

Three weeks after made digital examination. Patient very wild, laboring under the delusion that she was about to give birth to twins. Found the physical condition of the patient much worse;

the womb considerably enlarged and lying low down, just at the entrance to the vagina; the pressure of the enlarged uterus probably giving rise to the delusion. Gave treatment of belladonna suppository, gently rubbing it over the inflamed surface of the cervix.

Continued same treatment every day for two weeks. At the end of that time patient's mental condition improved; menses appeared, quiet during the whole period. Menstruation continued nearly a week; flow about medium.

After menstrual period, patient complained of a bearing down, with pain in the back and head; "head felt as if there were a buzz-saw inside." Examination per speculum. The whole organ inflamed and engorged; the os and cervix full, puffy, partially denuded; appearance as if the organ would burst; the cervix nearly the size of the body of the uterus. Treatment of belladonna suppository, with gentle taxis, raising the womb and holding it in position for several minutes. Patient expressed great relief after treatment.

Continued treatment the same every day till next period. Menses did not appear until after lapse of four weeks, this being the first time for months that patient had menstruated regularly. After menstruation, continued treatment, belladonna suppository and taxis.

June 6th. — Examination per speculum. Uterus gradually decreasing in size; the abraded surface surrounding the os healing; the inflammation extending into cervical canal; introduced belladonna suppository into canal. Patient feels much stronger. Continued the intra-cervical treatment of belladonna suppository.

June 23d. — Patient unrestrained at night.

July 1st. — Treatment of applications of hamamelis and glycerine on fine cotton tampons placed underneath uterus and over cervix. Discharge of serum.

July 5th. — Patient transferred to convalescent ward.

Continued treatment of hamamelis and glycerine, with cotton tampons. Patient continued improving. For the inflammation of cervical canal, intra-uterine applications of phytolacca and glycerine on cotton tents, introduced by being wound round a silver sound. Substituted phytolacca for hamamelis in applications underneath uterus and over cervix.

This patient was very wild at first; one of the worst cases in the violent ward; commenced improving as soon as regular treatment was instituted, and is now quiet and dignified; mind perfectly clear;

will probably return home soon, or when the uterine trouble is entirely cured.*

Case 2. This patient, a case of hysteria; suffering most of the time; intense excitement with loud crying and scolding; at times mind seemed perfectly clear.

Patient complained of constant pain in lower part of the back and of a beating in the head and eyes, also, of a beating or throbbing "inside, low down, as if it were in the womb."

Digital examination proved the uterus to be retroverted and lying low down; the labia were swollen, with great heat of the parts, also excessive sensitiveness to touch. These symptoms aggravated before the menstrual period.

Patient complained of pruritus of vulva, so severe, at times, that "it seemed as if she would tear herself to pieces." Suffers from uterine leucorrhœa, somewhat excoriating, not profuse; menstruations regular but scanty.

First treatment consisted simply in placing suppository of cocoa butter, medicated with calcarea and thuja, against the os, and as it became softened gently rubbing it over the surface of cervix, vagina and vulva.

The following morning patient remarked that she had never slept so well since coming to the asylum. A suppository was used every night after this for two weeks, and the patient seemed gradually to be improving; more cheerful and quiet. (Observed, in this case, that days when the patient was in good spirits and feeling nicely, the uterus would be higher, while days when the patient was excited and crying, the uterus would be quite low down.)

Examination, per speculum, confirmed the condition as stated after digital examination, and revealed, also, a congested and swollen appearance of the cervix, with thick mucus issuing from the os, whitish and glary, somewhat adhesive; with difficulty removed with forceps and cotton.

Feb. 26.—Applications back of uterus and over cervix, of cotton tampon, medicated with glycerine and hamamelis. Discharge of serum during the day. Next morning patient "felt splendidly."

Feb. 28.—Intra-uterine applications of hamamelis and glycerine on cotton tent, inserted by fine jeweler's cotton being wound round a silver sound or probe, passed carefully up to the fundus or os internum, then gently withdrawing the probe; the cotton remains within

* Has since returned home, perfectly well.

the uterus, thus forming a sort of medicated tent. For the pruritus, bathed the affected parts with carbolized oil.

Continued treatment until the inflammation was entirely relieved and the uterus restored to its normal position, the cotton tampons formed a support for the organ, and at the same time reduced the inflammation. Patient discharged cured.

Case 3. Admitted June 26. This patient a case of puerperal insanity or great depression after child-birth. Patient suffered great pressure in vertex, inducing fits of weeping, also a sense of great weight in pelvic region; very weak, physically; inability to control her feelings.

Examination revealed prolapsus, partial, and latero-version, with enlargement of cervix and inflamed condition of the os; leucorrhœa of a creamy appearance, but not profuse.

Application of hamamelis and glycerine on cotton tampon underneath uterus and cervix; considerable discharge of serum; continued for a while same treatment twice or thrice per week, the enlargement gradually decreasing; patient relieved of the usual suffering preceding menstruation.

The internal remedy given patient being calcarea carb.; made applications of same remedy with glycerine instead of the hamamelis. Continued treatment for several days, patient making rapid improvement. Expresses great relief from the sense of weight and bearing down; also relief from pressure in vertex. Speculum examination. The uterus reduced to normal size; patient feels perfectly restored.

PART II. SECTION IV.

REPORT OF BUREAU OF SURGERY.

T. Dwight Stow, M. D., Fall River, Mass., Chairman.
A. W. Holden, M. D., Glen's Falls.
D. F. Bishop, M. D., Lockport.
E. B. Holmes, M. D., Canandaigua.
H. G. Preston, M. D., Albany.
W. M. L. Fiske, M. D., Brooklyn.
H. A. Houghton, M. D., Keeseville.
Wm. Tod Helmuth, M. D., New York.

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XXV.

Fracture of the Neck of the Scapula.

By FRANK M. EARLE, M. D., Member of House Staff, Ward's Island Homœopathic Hospital, N. Y.

The great rarity of this accident, which has led some high authorities to dispute its occurrence, leads me to report the following case, which, from its symptoms and from the manner in which the injury was received, I believe to be a genuine case of fracture of the neck of the scapula.

On the 7th of June, 1876, John D——, aged twenty-six, nativity New York State, was admitted to this hospital, suffering from injuries received two days previous.

While working in a gravel pit, a large boulder, weighing about half a ton, became dislodged from its bed in the embankment above him and slid down to the bottom of the pit where he was standing, a distance of about eight feet. In its descent it struck him, how or where he was unable to say, but when assistance reached him he was found lying flat upon his back, his left shoulder lying upon a small flat stone, while his left arm was outstretched and buried beneath the fallen mass. He was extricated from his painful position and taken to the New York City Insane Asylum, at which place he had been employed for some time previous to the accident; there his injuries were attended to until he was transferred to this institution.

When admitted, a careful examination by both Dr. Talcott and myself revealed the following conditions: The shoulder presented a flattened appearance, the acromion process was very prominent, the head of the humerus was distinctly to be felt in the axilla, the corocoid process was very prominent, and the limb was considerably lengthened. By fixing the scapula and rotating the arm, distinct crepitation could be obtained. The deformity was easily removed by making slight traction and moulding the parts into position, but upon removing the extending force, and allowing the arm perfect freedom, it immediately returned.

He complained of considerable numbness and tingling throughout the whole arm, together with a sharp, shooting pain in both shoulder and elbow joints. The soft parts in the neighborhood of the shoul-

der were very much swollen and contused, with a great deal of ecchymosis.

We dressed the arm and shoulder with arnica, one to fifteen, and applied the Velpeau bandage. He received arnica[30] every three hours for the contusions.

At the end of two weeks, the swelling and ecchymosis having entirely disappeared, the arnica, both internally and externally, was discontinued and cal. phos.[200], twice a day, was substituted as a constitutional remedy.

Four weeks after he came under our treatment, passive motion was instituted and continued every other day.

Three weeks later the Velpeau bandage was removed, and he was allowed to carry his arm in a sling. At this time firm union appeared to have taken place between the fragments, and from this period until the day of his discharge, August eighth, passive motion was made *every* day.

At the time of his discharge he was able to place his hand upon the top of his head and to describe a circle of about eighteen inches diameter with his elbow, having thus a very large range of motion and a tolerably useful arm, although of course at that time it was still quite weak.

I think that I am fully justified in pronouncing the above case one of fracture of the neck of the scapula Certainly the symptoms justify it, as does also the terrific force of the blow which he received. The great wonder in my mind is how he escaped having his arm completely crushed; nothing in the world saved him but the yielding nature of the dry, loose sand at the bottom of the pit into which his arm became imbedded.

Homœopathic Hospital, W. I., New York, *August* 24, 1876.

XXVI.

Urinary Infiltration. Etiology—Diagnosis and Surgical Treatment—with Statistics of Eighty-two cases of Rupture of the Bladder.

By HENRY G. PRESTON, B. A., M. D., Brooklyn, N. Y.

As urinary infiltration is a subject which very few surgical works give much space or attention to, and as it is entirely omitted in medical works, most physicians are very little informed of the necessity of its early diagnosis and immediate surgical interference. It is not a common occurrence, it is true, but one that is liable to be met by any physician, and at any time, and requiring as it does immediate recognition and active interference on the part of the physician, it is a subject well worthy of the consideration and attention of the profession. By urinary infiltration we understand the escape of urine from the bladder and its extravasation into the adjacent tissues.

It is caused either by a rupture of the urethra or bladder, thus dividing the subject into the urethral and vesical variety, each differing from the other in their symptoms and fatality. The urethral variety, fortunately for mankind the most common, is caused by wounds of, or blows on, the perineum, falls from a hight, forcible catherization and stricture; stricture being as frequent a cause in this variety as it is rare in the vesical.

The rupture almost invariably occurs in the membranous portion of the urethra, just anterior to, or between the layers of, the triangular ligament, as at that point it is least supported, and consequently most dilated from the *vis a tergo.*

The direction of the urine, after its escape from the ruptured urethra, is caused by the anatomical relations of the triangular ligament, which being attached in front to the synphisis pubis, laterally to the rami of the pubis and ischia, and posteriorly connected with the tendonous point of the perineum, prevents the ascension of the urine into the pelvic cavity; and by its connection with the deep layer of the superficial fascia, prevents its descent into the ischio-rectal fossæ, thus obliging it to work its way forward through the cellular tissue of the perineum and scrotum.

Should, however, the urethra be ruptured posterior to the triangu-

lar ligament, the urine would be effused within the pelvic cavity, and be attended by the same symptoms and require similar treatment as where the rupture occurred in the bladder.

The symptoms and signs will vary somewhat, depending on the situation of the rupture. If it occurs between the layers of the triangular ligament, the symptoms and signs may remain obscure for some hours, owing to the greater length of time required for the urine to work its way to the surface, and it is in these cases more especially that an early diagnosis is not made, and consequently the effused urine allowed to burrow and make its own incisions.

The symptoms most characteristic of this variety are deep-seated, throbbing pain in the perineum, inclination to void urine, with inability or great difficulty in doing so, fullness around the rectum, and great constitutional disturbance.

As the urine advances toward the surface, these symptoms are succeeded by those of a more unmistakable meaning, and similar to those occurring where the rupture has taken place anterior to the triangular ligament.

The rupture usually, however, occurs anteriorly to the triangular ligament and is accompanied by symptoms that point more directly to the *seat* of the *trouble*, and consequently the diagnosis more simple, the treatment less difficult of execution and the results less fatal.

In this accident the urine escapes directly into the loose cellular tissue of the perineum and rapidly extends into the scrotum, causing urinous distension, with sloughing both of the scrotum and penis. If not afforded an outlet, it may extend up into the connective tissue of the abdomen as high as the costal cartilages of the short ribs, although rarely ascending higher than the groins before proving fatal.

As it advances the surface has a marked red erysipelatous blush, is œdematous, succeeded by gangrenous spots, and an emphysematous condition of the areola tissue. The general condition of the patient also fails rapidly, and soon assumes a low typhoid state indicative of septic poisoning.

The prognosis in these cases is always unfavorable, but much depends on the surgeon. Every hours delay in removing the extravasated urine, adding so many more chances against recovery. There are cases that have recovered, after months of sloughing and suffering, where nature has been her own surgeon and made her own incisions, yet with the best and earliest treatment we still look forward to an unfavorable termination. In the *treatment* of these cases, the

"*sine qua non*," is the removal of the cause (the extravasated urine), and when the nature of the accident is clearly understood the task is easy of execution. Unfortunately, however, there is such a prevailing dread of the knife, and the Homœopathic practitioner is enabled by the use of his remedies to cure so many surgical maladies that he relies on them, and therefore *delays*.

These cases resemble erysipelas, and are sometimes treated for it until the urine burrows through to the surface, and we should therefore be careful in all such cases to ascertain the condition of the bladder, by introducing a catheter.

The mode of treatment recommended is as follows: As soon as possible after the accident introduce a catheter into the bladder, freely incise the perineum until the urine escapes and until there is free drainage established. As most of these cases are caused by stricture it will be necessary to perform external urethrotomy, at the same time leaving a catheter in the bladder to prevent the further escape of urine into the cellular tissue.

If the case has not been seen for some time after the occurence of the accident, or if the extravasation has been extensive, it will probably be necessary to make several incisions before the infiltrated urine is removed. After the parts have been freed, as much as possible, of the urine, warm fomentations, containing carbolic acid or other disinfectants, should be applied; and where much sloughing has taken place, yeast poultices, with charcoal, may be added to hasten the separation of the slough. The system should be supported by beef-tea, stimulants, etc., and the constitutional disturbance combated by such internal remedies as may be called for by the symptoms and progress of the disease.

Rupture of the bladder, the other and, happily, most infrequent cause of urinary infiltration, is one of the most dangerous accidents that humanity is liable to, and, heretofore, has been most unsuccessfully treated, being also one of the most fatal in its results. That it is a very rare accident may be inferred from the fact that most surgeons give it only a passing notice, merely stating that the bladder may be ruptured, and that the statistics of only eighty-two cases have so far been published.

The causes of this accident have been over-distension of the bladder from retention of urine, due to stricture of the urethra; muscular contraction of the abdominal walls, as in parturition; gun-shot

wounds; incision during the operation of lithotomy, and direct violence applied to the hypogastrium, the bladder being distended.

The most that has been written on this subject has appeared in different medical journals and has not, as far as I am aware, been collected and embodied in any surgical text-book. I have collected the statistics of eighty-two cases, so reported, and present them classified and arranged with regard to the sex, condition and other prominent symptoms so as to be easy for reference:

Sex.—Males, sixty-seven; females, eleven; age: under ten, three; ten to twenty, three; twenty to thirty, nineteen; thirty to forty, twenty-six; forty to fifty, four; fifty to sixty, seven; above sixty, none; adults sixteen, age not given.

Condition.—Bladder distended, thirty, of which ten were intoxicated; five from stricture; conditions not given, fourteen; parturition, four; no note of, twenty-six.

Causes.—Direct violence, forty-eight; concussion, fifteen; internal causes, nine, of which four were parturition; results of stricture, four; retained urine, one; no note of, six.

Primary symptoms.—Severe, fifty-nine, of which forty-three were ruptured into the peritoneal cavity; two not involving the peritoneum; ten into the cellular tissue; three not given; slight, nine, of which seven were into the peritoneal cavity; one indefinite; no note of, seven.

Inability to urinate, twenty-eight, of which twenty-two were into the peritoneal cavity; one not involving the peritoneum; five into the cellular tissue.

Power to void urine, three; two into the peritoneal cavity; one not involving the peritoneum.

Power of locomotion, seven; all through the peritoneum.

Felt a sensation as of the bladder bursting, seven.

Progress of cases.—Severe symptoms continued in forty-eight; of which thirty-nine were ruptured into the peritoneal cavity; seven into the cellular tissue; two peritoneum not involved. Severe symptoms set in, ten; one in three hours after accident; six in two days; two in four days; one in three days; all ruptured into the peritoneal cavity except last.

In one power to urinate continued, the rupture being in the abdominal cavity; in fourteen it came on; in twelve on the second day; nine being into the peritoneal cavity; two not involving peritoneum;

one into the cellular tissue; one on the third day; one on the fourth day.

Locomotion continued in two; both ruptured into the peritoneum.

Bloody urine drawn, twenty-five; clear in four; symptoms mild in two, both ruptured into the cellular tissue.

Results.—Died, seventy-three; within five days, thirty-nine; twenty-six being ruptured into the peritoneum; nine into the cellular tissue; not given, three; between five and ten days, twenty-two; nineteen into the peritoneal cavity; three into cellular tissue; two not involving peritoneum; between ten and fifteen days, two; both into cellular tissue; between fifteen and twenty days, three; one into the peritoneal cavity; two into cellular tissue; above twenty days, two; both into cellular tissue, of which one lived forty days.

Recovered, six; four into cellular tissue; one into peritoneal cavity and one partial.

Post-mortem appearances of bladder.—Rupture into cavity of peritoneum, fifty; thirty-nine the result of direct violence; six concussion or indirect violence; four from parturition; two stricture; one retroversio uteri. Rupture in the anterior walls of the bladder, nine; five being from direct violence; three from concussion; one from stricture. Ruptured at neck, six; five from direct violence; one not given. No bladder found, two; bladder firmly contracted, seventeen.

Post-mortem appearances of viscera.—External marks of injury, two; both into the peritoneal cavity. No external marks of injury, eight; seven ruptured into the peritoneal cavity; one not involving peritoneum.

Fracture and injury of pelvis, fifteen; eleven ruptured into the cellular tissue; three into peritoneum; one not given.

Marks of inflammation in abdomen, thirty-four; twenty-seven being into the peritoneal cavity; five into cellular tissue; two not involving the peritoneum. No marks of inflammation in abdominal cavity, seven; four being in cellular tissue; three into peritoneal cavity.

It will be observed that among these cases no instance of ulceration of the bladder was found, and it would, therefore, be fair to presume that, contrary to the generally accepted opinion, it is a very rare cause of rupture of this viscus.

It will also be seen that stricture is a very uncommon cause, and that one cause was assigned to retroversio uteri. The statistics are

incomplete in some particulars, as complete notes were not kept in many cases.

Of these eighty-two cases seventy-six died, showing it to be one of the most fatal of accidents and well meriting the study of the profession.

Of the six recoveries, in one only was the urine effused into the peritoneal cavity, proving, however, that in such cases there is a possibility of recovery, notwithstanding the opinion of Sir Henry Thompson "that such a result never had occurred, and, indeed, would be impossible."

The symptoms, progress and fatality are greatly influenced by the seat of the rupture.

Where the bladder is ruptured in the anterior inferior portion, which is not covered by peritoneum, the patient usually survives for days and sometimes weeks, whereas, when the rupture involves the peritoneum, it generally proves rapidly fatal.

The early symptoms of rupture of the bladder are, sensation of something giving away within, sudden relief of the extreme, distention of the bladder, although no urine is voided and there is no swelling of the scrotum, great prostration and collapse, and death resulting in a few hours. These symptoms, however, may vary, and the patient may rally from the collapse, complaining of intense pain in the hypogastric region, continual desire to micturate, with great difficulty or inability to do so; rapid and feeble pulse, thirst, hot and dry skin, peritonitis or pelvic cellulitis, or both, and the patient die amid general typhoid symptoms.

It is important to know whether the effusion has taken place into the peritoneal cavity, or into the pelvic connective tissue, and we shall, before exploring the bladder, have to base our opinion principally on the amount of collapse, which is always greater in peritoneal effusion than when it takes place into the pelvic cellular tissue.

This depends, however, in a great measure on the size of the rent, which, if small, will not allow the urine to escape so quickly, and consequently the collapse will not be so great; so that although in cases where the rupture is small, it may not be possible to distinguish a peritoneal from a non-peritoneal effusion, yet in cases where the collapse is great and has rapidly followed the accident, we will be perfectly safe in pronouncing the extravasation to have taken place into the peritonial cavity.

The treatment of this formidable and fatal accident must be conducted on general principles. As we have seen from the mortality of

the cases recorded, little more has so far been accomplished, in the treatment, than to alleviate pain and perhaps prolong the misery.

This is in part due to the deficiency of surgical experience on this subject, but in the most part to the nature of the accident itself, which allowing, as it does, a fluid containing substances prone to chemical change and putrefaction, to come in contact with the largest and most easily inflamed membrane of the body, must almost necessarily produce wide-spread inflammation, destruction of tissue, and the absorption of the poison into the system. In addition to this the accident frequently occurs in those who are intoxicated, and whose system is undermined by alchohol and disease, and after the removal of the urine, the rupture still remains, and there is a constant tendency to its further escape.

The main indications for treatment are, (1) to remove the escaped urine; (2) to prevent its accumulation in, and further escape from, the bladder into the adjacent tissues; (3) to relieve pain and combat inflammation; (4) to support the system. To attain these results the most diverse means have been advised and practiced by different medical men and with what results we have already seen.

Of the many methods that have been advised the following, I think, is the best adapted to surely and speedily fulfill the main indications: As soon as the accident is diagnosed place your patient in the lithotomy position, introduce a staff with broad groove into the bladder, and upon it make an incision in mesial line of perineum, opening the urethra to the neck of the bladder, dividing any stricture that exists. You then remove the staff, introduce silver catheter into bladder per perineal wound, and explore for rupture, through which, when found, you introduce the catheter in order to evacuate the effused urine from the peritoneal cavity or cellular tissue, as the case may be.

After you have drawn off as much urine as possible, inject warm water with carbolic acid until the cavity is thoroughly washed out. Then redraw the catheter and introduce a flexible one through the urethra, and retain it there in order to prevent the accumulation on the bladder and its overflow through the rupture. It will be seen that this method of treatment provides for the removal of the urine, prevents its subsequent accumulation and overflow, thoroughly cleanses the peritoneal cavity with an antiseptic, and furnishes the surest and quickest way of arriving at a knowledge of the seat of the rupture.

In regard to the subsequent treatment, complications and symptoms will have to be treated as they arise, and the system constantly supported by the most nourishing diet. As this mode of treatment has never been tried or advised, that I know of, and as every other method has proved of little avail and unsatisfactory in theory as well as in practice, I think every physician should feel himself in duty to his patient, called upon to investigate and give this method a trial if he is ever so unfortunate as to have an accident of the kind to treat.

PART II. SECTION V.

REPORT OF THE BUREAU OF OBSTETRICS.

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A. T. BULL, M. D., Buffalo.

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XXVII.

Notes on Tedious Labor.

By A. R. WRIGHT, M. D.

These brief notes are on a condition incident to a labor which is normal in every respect except that there is, during the first stage, a *hyperæsthesia* or *oversensitiveness* of the body of the uterus, and of its neck. You have all met with it occasionally, and found it similar to hysteralgia in the non-gravid uterus. Unless carefully observed it may be mistaken for "inertia of the fundus," on which Dr. Burdick, of New York, read a most valuable paper before the New York County Homœopathic Medical Society. This irritability or sensitiveness differs from inertia in that it continues to manifest itself during the intermission of contraction, and that there is a nervous irritation instead of nervous depression. By laying one hand on the abdomen and putting the finger of the other at the os, the downward impulse will be found very feeble considering the amount of *pain* endured. But the whole body of the uterus contracts equally, thus differing from "inertia of the fundus." In extreme cases the woman tosses about on the bed, does not wish to be touched either on the abdomen or at the os, is *constantly* in this irritable condition, with an exacerbation at the time of each regular contraction, which is but slight. The irritation from this constant sensitiveness seems to cause an instinctive forcing back or prevention of the full effect of the regular contraction. Of course this condition rarely gives any of the grave symptoms over which Dr. Burdick has so properly sounded alarm. But it *may* render labor tedious, and often exhaust the strength; hence, my reason for giving it a careful study, and presenting it to-day for your consideration.

Nothing should be neglected that can be done to relieve harmless distress, even in this hour of trial. To study this subject more intelligently, let us refer to anatomy. We have here, then, the uterine body, which, at full term, is twenty to twenty-five times its weight in the non-gravid state, the walls, composed of three layers or coats, the serous, muscular and mucous. The middle one, which most interests us in this subject, belongs to the muscular system of vegetative life; and in it occurs nearly all this great increase of weight; the increase

being about equal in blood vessels, muscular fiber, and nerve tissue, this growth continuing up to, and, in rare cases, after labor. The body of the uterus is mostly supplied with nerves, either directly or indirectly, from the great sympathetic, the center of the system of the nerves of nutritive life and organic function. From the different subdivisions of plexuses, nerves enter the posterior, lateral and anterior walls of the uterus and form a general intra-muscular network of filaments. The latest German and French anatomists throw some new light on this subject. One of these, Frankenhauser, in his remarkable monograph on the uterine nerves, completed in 1867, follows them to their terminal extremity, and declares that they end in nucleoles. And Sappey says these terminal ramifications are supposed to control uterine contractions. All these authors, contrary to the opinions of a few previous ones on the subject, positively declare that this hypertrophy of nerve-tissue is co-equal with that of the muscular tissue, also that the nerve-filaments must increase greatly in length in order to maintain their position in the muscular coat. Hence, can we not readily perceive, how, in some abnormal condition of the whole nervous tissue, there *may* occur an undue hypertrophy and hyperæsthesia of the uterine nerves, which to perform their function, have, in nine months, increased to such a great extent, and are still increasing at this critical time of labor. Also from this exalted nervous condition arises the constant distress which we are considering, and which greatly interferes with regular uterine contraction. The nervous condition is similar to that which causes the involuntary closing of the eyelids from a pain in the eye, retention of fæces from a sensitive rectum, or retention of urine, because of a sensitive urethra.

An interesting fact in this connection is, that wild animals, having but little nervous sensibility, as compared with that of man, have *no* labor pain, while domestic animals, possessed of greater intelligence. have *some* pain, though but little as compared with the human kind. Allopathic practice formerly used blood-letting and opiates for this condition, but more recently, opiates alone in large doses, which are always fraught with danger to the child.

In selecting homœopathic remedies to relieve this affection, we may omit those for inflammation, as there is but little disturbance of the circulation, the nerves and blood vessels in the muscular coat not lying in juxtaposition. The remedy best indicated by its pathogenesis is nux vomica, then come caulophyllum, puls., ign., cham., cocc., etc.

But neither of these is the remedy which, in my opinion, will generally afford the most certain and proper relief. At the risk of being tabooed heterodox, I announce a preference for *sulphate of morphia* to effect this result, but it must be given in the second decimal trit. or higher. From this the patient does not suffer any of the annoying effects which follow the administration of the drug, and often of the first decimal.

The first centesimal, containing the same drug quantity, will not do as well. The double trituration seems to be required to insure a good effect. Put four to six grains of this second decimal in one-half a glass of water, and give one teaspoonfull at intervals of five to twenty minutes, as required. A few doses will almost invariably relieve. Discontinue the remedy as soon as the sensitiveness is relieved, and normal contraction will at once be established without any further exhibition of it.

In studying sensibility of the neck of the uterus, during this first stage of labor, we find, on looking at the anatomy of the parts and the mechanism of action, that the longitudinal fibres of the uterus, during a normal contraction, are drawing on all sides of the annular fibres of the neck, which is a species of sphincter. These annular fibres will not allow their cohesion or firmness to be overcome until a certain amount of repeated force is exerted on them by the contraction of the longitudinal fibres. The extreme sensitiveness of which we are treating may be caused partly by an abnormal rigidity of the os, as Madame Lachapelle thinks, but mostly, we think, by an undue sensibility of the neck. The pains in the neck are sharper, more acute than those previously mentioned of the body of the uterus. Caseau and others say that this sharpness of pain or greater sensibility of the neck is due to the fact that it is supplied with nerves of *animal* life from the cerebro-spinal axis, while the body of the uterus is mostly supplied with nerves of *vegetative* life. Hence Caseau thinks the pains in the back, called *lumbar pains*, are caused by this sensibility of the neck a reflex sensation. In these cases of over-sensitiveness, if one makes the examination before indicated, and pressure is found to be exerted on all parts of the fœtus alike, the downward pressure of the head will not correspond to the force of the contraction. There is but *little* pressure on the neck. *Why?* At the moment the sensitive neck feels the head pressing against it, there is an instinctive, involuntary or willful, call it by what name you please, a counter force preventing the contraction from having its full and normal

effect. The woman is nervous, fights against the pain, and begs for something to relieve her. In some cases these symptoms are severe, rendering labor tedious, and exhausting the strength. What is the duty of the accoucheur in such cases? To wait and see the woman suffer until this sensitive rigid os is overcome by the contractions, or interfere? Allopathy advises opiates, soothing injections, etc. But fortunately for the sufferer, the homœopathist has *one* true remedy, at least, indicated first physiologically and by provings and practice for this unique affection, one that will, unless there are other symptoms, calling for a different remedy, relieve most of these cases. It is belladonna, sixth to 200th, as the case demands. In one case of this kind, I found the woman in extreme suffering, screaming constantly, the os fully one-half dilated and so sensitive that she would not allow it to be touched. Anxious to relieve her suffering quickly, I dissolved a powder of atropine, one-tenth, in a tablespoonful of water, and threw it into the vagina around the os. The fibres relaxed at once, so that in two minutes the child was born.

XXVIII.

Medical Treatment in Obstetrics.

By A. P. HOLLETT, M. D.

When we consider the process of reproduction, embracing copulation, fecundation, gestation and parturition, it is as a purely physiological function, and not an abnormal or diseased condition. Taking this view of the function by which man reproduces his kind, the question naturally arises what need is there for medical treatment. If it is a part of man's nature "to increase, multiply and replenish the earth," why should he not perform this function in the same even undisturbed manner as those included under the term nutrition, *i. e.*, digestion, absorption, respiration, circulation and assimilation, when taken in its extended signification, or that grand function of innervation, of which we know so little. These processes, we are all aware, are perverted, excited or even destroyed by abnormal conditions found in the human system, but on the other hand, as a general rule, they are performed without any undue excitation of the organism. So in reproduction, we have, from the increase and prevalence of disease and other anomalies in the human system, this natural process perverted, and often, as a consequence, a condition which calls for artificial aid. In the first these abnormal conditions are of a comparative rare occurrence. Why should they not be in the last? We do not always find it necessary to drug a man, that he may be properly nourished, or give him nervines, that that active vital principle which is the very essence of life should properly perform its part; so why should it be necessary to be incessantly administering medicines to women during gestation, parturition or post-partum. As we take for granted that every intelligent physician will first, in the treatment of disease, remove the *causa occasionalis*, so in pregnancy and parturition our great aim should be to remove the disease or anomaly that perverts the organism from its natural action. To accomplish this end we must resort either to hygienic, medical or surgical aid, and so far as they accomplish this purpose we are pursuing the right course. It is a matter of great importance to the accoucheur to know when, where and how to apply these aids, and

I am convinced often, from an injudicious use of these means, that they prove detrimental to the best interests of the *enciente* woman. I therefore often hesitate to use these artificial aids, but rather prefer, so far as I can, to let "nature take its course." In looking at the success of other physicians, I find a class that are continually having difficult cases in obstetrics, while, on the other hand, we find physicians that have grown gray in the profession and attended hundreds of women in parturition, "that never had a difficult case in their life." When we look for a cause we find the first class continually interfering with their cases, while the second class, as a general rule, leave the work, so to speak, to "nature." I am convinced that, in the words of an eminent author, "meddlesome midwifery is bad." In the use of these artificial means there are two essential points to be decided: First, a proper diagnosis of the case, and, second, to decide whether the outward abnormal manifestations are simply the result of the natural *enciente* condition or from some hidden disease or anomaly in the system. If these manifestations are the result of the natural condition they do not need treatment, except it be hygienic, but if, on the other hand, they are from some adherent disease in the system, then it is necessary, and it should be our duty as physicians to give them a judicious treatment.

Now it is not my design to consider, in the present article, the hygienic treatment, the most important of all, which we, as physicians, should be interested in recommending; neither the surgical, which should be the last resort, but rather the medical, which is the more frequent under the usual circumstances attending these cases, and which is calculated, if judiciously used, to do much towards ameliorating the sufferings of pregnancy and parturition.

We, as homœopathists, believe that health is restored in a "prompt, mild and permanent manner" by the proper use of medicines in accordance with the law of "*similia similibus curantur.*" Nowhere do we find this law more efficacious than in the diseases peculiar to the *enciente* condition, and when we strictly follow it we need have no fear that our treatment will prove detrimental to our patients. Why, then, should we resort to the *empirical* use of drugs? At a meeting of one of our sectional societies, a prominent member of our school said that he made it a rule not to attend cases of parturition unless he had first an opportunity to give them a preparatory treatment, and, when further questioned, we were informed that he was usually in the habit of giving appreciable doses of *caulophyllum* and

cimicifuga in alternation. The preparatory treatment is all right; it would be better if we were oftener consulted prior to parturition, but let us consider the effect of the general use of *caulophyllum*, *cimicifuga* and kindred medicines in these cases. I refer particularly to the use of these remedies because we find them recommended by authors of our school, and extensively used, in this manner, by those that pretend to be pure Hahnemannians. Professor Hale, in his "New Remedies," the best authority on the pathogenetic effects of these drugs, gives us to distinctly understand that they are *uterine tonics*, and extensively compares their action on the female genital organs with ergot. Undoubtedly, in these cases, they are used because of their stimulating effect on these organs, for the purpose of making parturition "rapid and easy." Now, I would not say any thing against the proper use of these remedies when indicated by their individuality, in accordance with the homœopathic law, for they are, undoubtedly, efficient agents in the cure of disease. But the question naturally arises, is it safe and good treatment to make a general use of uterine tonics in our obstetrical cases? I should say, *no*, and if you will not think it burdensome I will endeavor to give some of my reasons.

First. I would not give a person medicine, professionally, except in sickness, and as already stated. I do not consider the enciente condition, of itself, a disease. If disease were apparent I should treat it in accordance with the homœopathic law.

Second. I do not believe in hurrying labor, unless it is required by the presence of disease or other abnormal condition. It is my experience, and it seems to be the experience of others, that these drugs produce the result desired by continuous and forcible contraction of the organs, causing the speedy expulsion of the contents. To be sure, caulophyllum and cimicifuga act differently from ergot, which makes them often preferable, when required for that purpose, but the result is substantially the same. I consider this the opposite of what we should have. Time is required that the evolutions of parturition should be properly performed and it is not desirable that the pains should be continuous. The old school physicians frequently give anodynes to lessen the frequency and duration of the pains that their patients may rest. The cases that are best calculated to inspire confidence in my mind are those that commence gradually, the pains recurring once in fifteen or twenty-five minutes with a well marked interval between, in which the patient may doze until aroused by the

increasing frequency of the continually augmenting pains, until, having arrived at the maximum degree of power, all obstacles yield before them and delivery is accomplished. This is not the looked for result of the immoderate use of uterine tonics.

Third. These drugs act as poisons in the system, and are a prolific cause of disease. It is by the power that drugs have to produce abnormal conditions in the human system that we expect to cure disease and the action of these drugs upon the female organism must necessarily produce a deviated action, to say nothing of their effect upon the other organs of the system. Acting as they do, they must augment the excitation of these organs, thus being active promoters of *metritis*, *puerperal fever* and kindred diseases. Thus I might further present for consideration anæsthetics, anodynes and other drugs used in midwifery, but it is unnecessary, as their use has already been thoroughly discussed by eminent members of the profession.

We have an infallible rule, our law of cure, which, if we follow in accordance with the teachings of Hahnemann, will prove efficacious in every time of need. When we consider "that the improvements in midwifery have resulted from a more correct appreciation of the natural powers," and, as a consequence in *natural labor*, "the absence of interference," it becomes us to be careful that we do nothing that will interfere with this improvement. Let us, then, endeavor to improve and purify our medical obstetrics.

XXIX.

Uterine Paralysis.

By J. RALSY WHITE, M. D.

This case was attended a few years ago — a *primipera*, and the most protracted and painful labor I have ever witnessed. The woman had been married two years, had enjoyed good health until pregnant, and through this period nothing alarming had transpired. The morning sickness had continued much later each day than is usual, and extending to the eighth month, and in fact not leaving her entirely until within a few days of her confinement. I was not made aware of her condition until within a week prior to her sickness. So she was under no medication for this long-continued stomach sickness. The patient seemed well formed and well prepared, so far as I could discover, to go safely through and speedily recover from her anticipated confinement. She had a fixed impression, which could not be eradicated by any course of reasoning employed, that her sickness would result fatally; which impression unfortunately proved correct. I was called to attend her about ten o'clock in the morning; found the os dilated to two inches in diameter; the pains quite regular, but not severe, and not quite as frequent as would be expected. After waiting awhile and finding I would not be needed, I left and returned in an hour; not much change had occurred as to the frequency or severity of the uterine contractions. I left again, and returned; and continued this alternate, coming and going for a period of two days. Meanwhile there was some little progress made, and I had administered remedies hoping to get up a more vigorous uterine action. Up to this time I regarded the case *only* as one of protracted labor. The presentation was natural, the pains gradually becoming more vigorous, and the pressure of the child's head upon the fingers more firm upon the recurrence of each pain. I resorted to various methods to induce more expulsive power, such as gently exercising the patient by walking, change of position of body, friction in a circular motion over the uterus with the hands, and the administration of pulsatilla. After waiting all night, and it now being the third day, I decided to deliver the child with forceps. I accordingly administered chloroform and ether equal, parts (Squibbs). The patient

was readily brought under the anæsthetic, and I applied the forceps, expecting to deliver the child without further trouble. I soon found, however, that with gentle or even forcible traction, the transverse contractions were more powerful than the amount of force I felt willing to employ at this stage of the case. After making several unsuccessful attempts to deliver her, and finding the patient much worn and weakened, I determined to give her rest and sleep. She accordingly was given one powder of codei, and rested nearly three hours. In the meantime the family had procured the services of their former family physician, to consult with and assist me. He proved to be an allopathist of experience and skill. We introduced the forceps and worked to the best of our ability, as well as strength, but without avail. Craniotomy was then resorted to; but after emptying the skull (which took a long time on account of the powerful contractions, almost totally disabling the hand when introduced), we found it nearly impossible to deliver the head, and when delivered, the shoulders were equally difficult. The blunt hook under the armpit, with our combined force, was scarcely sufficient to loosen them; and what is very unusual, after the head, shoulders and arms were extricated, we had to conquer every inch of progress, the contractile force still holding out, and not until the child was brought out as far as the umbilicus, could we remit our severe work. The child was very large, weighing fourteen and one-half pounds. The placenta was expelled almost immediately, but a worse difficulty than the one just removed now presented itself. The entrance to the womb remained open like a cave. The patient very low, not bleeding profusely but no uterine contraction. Stimulants were administered. The galvanic battery, secale-cornutum in vigorous doses, but nothing revived the fast sinking pulse, or had the least effect to restore the paralyzed womb. If this had been a case of inertia, I think the means employed would have had at least a partial effect toward restoration. I remained two hours and watched the patient closely after her delivery, using all means within my knowledge to restore her, but she gradually sank — so gradually that we hardly knew when life was entirely extinct. After delivery, and at the time of death, there was no perceptible change as to the size of the abdomen. Undoubtedly the shock to the system was severe, and contributed greatly to the fatal result.

XXX.

Amniotic Fluid in Labor.

By HENRY M. LEWIS, M. D., Brooklyn, N. Y.

(Read before Kings County Homœopathic Medical Society, June 1, 1875.)

I propose to consider the part played in the process of labor by the membranes and their contained fluids, commonly called the bag of waters. It might perhaps be profitable and interesting to begin at the period of conception and trace the development of this sac and this fluid; to consider the many theories, ingenious and otherwise, accounting for its presence, and speculating on its use; but such a course would swell my paper into a volume and I design confining myself simply to an investigation of the purpose this apparatus serves, after the process of labor has begun. I am convinced that the commonly taught, and I believe commonly received doctrine upon the subject, is radically wrong.

What is that false doctrine? My professor of obstretrics taught that the bag of waters was an efficient means for the dilatation of the os; that in consequence of the uterine contractions the membranes were distended and pushed down into the os, where they acted as a wedge, and by their mechanical pressure caused it to dilate. So far as I know this is commonly taught in our colleges. It is almost universally so taught in text-books, and by writers on obstetrics generally.

Prof. H. N. Guernsey, an Homœopathic author, on page 175 of the last edition of his book, without very fully entering into the subject, commits himself to this established view.

To show how universal this belief is I propose to give a few extracts from standard authorities on the subject:

Ramsbottam treats of the bag of waters as a wedge power, and says: "It is desirable in practice to preserve the membranous bag entire, as long as possible, or, at least, until it has performed the whole office assigned to it by nature — namely, the dilatation of the os uteri, the vagina and somewhat of the external parts. * * * It is one of the first axioms to be learned in obstetric practice, not officiously or unnecessarily to destroy the cyst as long as any advantage can be gained from its *dilating powers*."

Keating (his American editor) evidently views the subject in the same light, for he recommends, in some cases a rupture of the membranes high up, in cases where there seems to be an over-distention,

thus to attain a lessening of the uterine contents, and still preserve a sufficient amount of liquor amni to *assist in dilating the os uteri.*

Tyler-Smith (page 348, edition of 1858, A. K. Gardener, editor) says: "The membranes having acted as an efficient dilator of the os uteri, as far as it dilates by mechanical pressure, suddenly gives away, etc., etc.

Dunglison's dictionary defines the bag of waters as a wedge for the dilatation of the os.

Neil & Smith's Compend of Medicine (page 521) says: "The membranes of the ovum, containing a portion of the liquor amni, protrudes through the opening, forming a tense, elastic, conical bag, this, by its mechanical pressure, assists in the dilatation of the os."

I quote them not as obstretric authors, especially, but because the volume in question is a text-book in popular use.

Bedford (page 245): At the time of labor, "the liquor-amni performs the important double office of aiding materially, by its uniform and gentle pressure in the dilatation of the mouth of the womb, and after the rupture of the bag of waters it lubricates the vagina and vulva." Again, on page 335, he emphatically pronounces it a dilator of the os.

Francis Denman: "The membranes containing the waters of the ovum are insinuated within the circle of the opening os uteri, and form a soft pillow, which, at the time of every pain, acting upon the principle of a wedge, operates with increasing force, according to the size it acquires, in consequence of which the latter part of the dilatation usually proceeds with more expedition than the former, unless the membranes containing the waters be previously ruptured.

Condies, Churchill (page 199): "The result of the first pains which retract or elevate the child is to press down a pouch of membranes filled with liquor-amni. This forms a firm, equable wedge, adapted to any size or form of the os uteri, and which, as the uterine fibres of the body and fundus are stronger than those of the cervix, must be forced down into and throngh the os uteri with each pain, dilating it to the size of the wedge thus formed, continuing the process until the membranes give way. So far all is merely mechanical dilatation."

Moreau (Phila., 1844) speaks of the bag of waters as an accessory means for the dilatation of the os.

Cazeau leaves us in doubt as to what he believes about it, which is characteristic.

Baudelocque (London, 1790) says the bag of waters is an aid in

the dilatation of the os, but that the wedge-like pressure it causes is not the sole means.

The quotations I have made are selected at random from a list I will spare you the reading of, and I desire now to call your attention to but one more extract, and that of a somewhat different tenor.

Dewes (Phila., 1837, p. 173): "All writers upon midwifery make this important operation (the opening of the os) the effect of mechanical impulse, though many of them, at the same time, are forced to acknowledge they have seen it dilate where neither the distended membranes nor any portion of the child has entered its circle to effect its opening by a wedge-like action. That the waters distending the membranes, and the child itself, when powerfully impelled by uterine contractions, may occasionally have an influence on this operation, I am not disposed to deny; but if this takes place, it does not open the part either so easily, so kindly, or so effectually as when this is achieved by the powers destined for this purpose." Again (page 181): "In the whole of this arrangement we do not see the necessity for the mechanical wedge-like agency of the membranes." In a note on page 183: "Every accoucheur knows that in many instances of the most speedy and perfect dilatations, the membranes are too feeble to bear the slightest force — the mere touch of the fingers will sometimes rupture them." Page 182: "Let any one who has made the attempt to penetrate the os uteri when rigid be asked if a direct action on its edges by the hand, formed in a wedge-like shape, and the application of considerable force will always be sufficient to overcome the opposition of the circular fibres of the neck. He will answer, if he be candid, *no*, and will add that the part would suffer laceration rather than yield to the force employed. Is it reasonable, then, to expect that a wedge formed of the smooth and comparatively delicate membranes, with the liquor-amni within them, will, as a mere mechanical power, however aided by a strongly contracting body and fundus, achieve more than the well directed force of the hand, as just stated?"

Plain as this teaching is, and forcibly as it must have commended itself to every thinking mind, it seems to have remained comparatively unnoticed. The present universality of the false doctrine is my only excuse for pursuing it further. Prof. Haughton, as quoted by Guernsey, and in Meadow's Manual of Midwifery, computes the force a woman is capable of exerting in labor as about forty-two pounds to the square inch. I have been unable to ascertain the manner in which the professor arrived at his conclusion, and do not know whether

this is a close approximation or not. I do know, however, that the force she is so capable of exerting is enormous. I know that a child has been born by the natural powers, forced through the maternal passages, when the forceps in a strong man's hands had been applied in vain. I know that the advancing head will sometimes tear through an obstructing perineum with a seemingly irresistible force. Could the delicate membranes of the ovum withstand such a power? I had preparations of the membranes with which to illustrate their extreme tenuity, but have mislaid them. You, gentlemen, are all, however, familiar with their appearance and extreme delicacy, and a single moment's consideration is all that is necessary to show the utter absurdity of the belief that a tissue so fragile should be able to withstand any such force, or even a small fraction of it; and yet, unless this impossibility can exist, the theory that the sack of waters serves as a wedge to dilate the os, is completely untenable. I hold that a labor-pain strong enough to make the least impression towards the expulsion of the child, must invariably rupture the membranes, if the child is so situated that the force of the contractions comes upon the membranes, but normally the child is not so situated. My observation teaches me that the bag of waters, when it breaks, almost invariably does so at the very inception of a pain, and the reason is obvious — just at that moment the head is not closely applied to the circle of the opening os, a moment later and it is. The pressure then inside the uterus is not at all felt by the isolated ounce of fluid in front of the head. If the waters in front of the child were in direct communication, during an ordinary pain, with the fluid in the uterus, rupture would take place invariably, the most exceptionally tough membrane would not hold out a single instant; consequently, when the membranes rupture early in the labor, or in the middle or towards the end of a labor-pain at any period of labor, it is an evidence of a malposition of some sort. The head is not engaging in, and closely adapted to, the opening os, or else the membranes would have remained intact, because they would have been protected from undue force. I advance this, simply as a general rule, circumstances may arise to modify it. In cross-births, the membranes almost invariably rupture with the first accession of real expulsive contractions; the reason is plain, the presenting bag of waters receives the full force of the contractions, as communicated through a continuous body of fluid, and gives way. Children are sometimes born with the membranes of the ovum intact, or, in a hard labor, the head is often almost in the world, and yet the bag of waters unbroken.

These are cases where the close adaptation of the child's head to the passages through which it is moving, protects the membranes before it from the pressure from behind.

Rupture of the sack during a pain ought to result in but a slight discharge of water; but the water will drain away slowly during the intervals, and perhaps with a little gush at the beginning of a pain. If a perforation of the sack results in a sudden large discharge of waters, you may be certain that it had been better left intact. Diminution of the volume of the uterine contents is a good thing to a certain extent. The uterus can get hold of a small body better than of a very large one; just as you can grasp more firmly in your hand a ball of two inches in diameter than one of ten; or as the bladder will expell a small quantity of urine with greater force than it is capable of exerting when distended to its utmost. Many evils arise from, and are threatened by, an early rupture of the membranes, but difficult or tedious dilatation of the os is not of the number. I have lately attended two cases of labor illustrating this, in neither of which was the first stage of labor delayed at all, although the waters broke in each case before the os had dilated to the size of a silver quarter.

What purpose does the amniotic fluid serve in the process of labor? The answer is so simple and obvious, to my mind, that it seems like a poor climax to so extended a paper, and yet *truth is always simple*, and if this truth has been told before, I am unaware of it.

The child lying in the uterus is an irregular body. This fluid is interposed between the child and the uterine parietes, so that the contractions may take place on a smooth, uniform surface of yielding liquid which transmits the force to the expulsion of the child. Without this fluid the uterine contractions would simply serve to fix the child firmly in the one place. The presence of the fluid utilizes all the force of the contractions and applies it directly to the expulsion of the child, just as the presence of the fluid inside the skin of a ripe grape makes it possible to pop out the pulp with a little pressure of the thumb and fingers. You might squeeze a raisin till you were tired and not expel the pulp; and the uterus will contract for hours on the irregular body of a child unsurrounded by fluid, and no progress towards its birth be made. As I understand it, the birth of a child is a process similar, from a mechanical point of view, to the operation of a *pop-gun*. In each we have a body to be forced through a narrow passage, an elastic fluid for the transmission of force, and a means of applying force. In the one, the piston is pushed

down, the force economically utilized by the elastic air for the expulsion of the charge to which it is directly applied. Substituting the contractions of the uterine parietes for the depression of the piston, and the conditions are the same again. There is this difference, however, and it is an important one: The piston applied directly to the wad in the gun would force it out, but a general contraction of the entire uterus would fix the child and hold it fast if there was no fluid between the child and the uterus. A dry labor is a tedious labor, not from lack of lubrication — not because the os refuses to dilate — but because the force of the contractions of the uterus is lost, the means of utilizing them being lost.

It was my fortune to tend a case of confinement, last night, that exactly illustrates my points.

The woman was large and healthy, the passages soft, moist and dilatable, and every thing bid fair for an easy labor. Examination showed a vertex presentation first position, but there was no sign of a membranous pouch. The os dilated without any trouble, and then the delay began. Progress was made, but at a snail's pace. In the most violent pains the finger failed to detect even a temporary advance of the head. But finally the child was born, a skinny little, thing, not bigger than a rat. The child was followed by a gush of a pint or more of pure blood. Now, this case is perfectly in consonance with my theory, and unintelligible otherwise. Why there was no fluid in the uterus I do not know; there was no history of its escapement. If there had been a reasonable quantity of amniotic fluid, I doubt not, the child would have been born three hours earlier. But it was not born until partial detachment of the placenta had furnished some fluid to replace the lacking waters.

And yet children are born by the natural forces where the membranes rupture early and the fluid drains away. In such cases, however, there is always a certain amount of fluid remaining in the uterus the placenta becomes partially detached and the consequent bleeding adds to the quantity. The spongy mass of the placenta itself might aid in a certain degree to smooth out the irregularities of outline and give a uniform surface to receive the contractions of the uterus.

Much, in addition, might be said in support of the views I have advanced, but I have already detained you too long, and I think the facts and arguments I have given justify me in saying that I have shown to be false the accepted teaching with regard to the use of the waters of the amniotic in labor, and that I have demonstrated what their true purpose is.

XXXI.

Sepia and Macrotin in a Case of Congestion of the Uterus.

By THOS. FRANKLIN SMITH, M. D., New York.

In the autumn of 1875, I was called to attend Miss F., a young lady aged twenty-one years, a brunette, black hair and eyes. She had been employed for some time previous in a book-binding establishment, and her business had been pasting, and in doing this she had been obliged to lift very heavy bundles from the floor upon her table. She complained to me when I first saw her, that for several months she had suffered intensely at each menstrual period, and that she was growing worse all the time; for the last three months the pain had been so very severe that they had caused spasms which had lasted several hours; at those times her head would feel so full that it would seem as though it must burst, and the cramps in the lower part of the bowels were so intense that she would be obliged to bend double, and then would throw herself violently backwards; the flow was rather scanty for the first two days; after that it would be free, continuing in all about seven days. Menstruation came on very irregularly as to time, sometimes occurring every twenty-one days, and sometimes not taking place for five weeks. I prescribed the remedy that I considered indicated in her case. I attended her, and watched her carefully for several months, but without any apparent change in her symptoms, except that the attacks seemed to be more severe. Upon a digital examination, I found that there was considerable prolapsus of the uterus, with a tendency to ante version; the cervex was in a high state of inflammation, and exceedingly tender to the slightest touch. I prescribed all the various remedies that I thought would cover the symptoms, but none of them seemed to give her the slightest relief, with the exception of arsenicum, and this only for the time being. At the meeting of the State society in February my attention was called to the use of sepia and macrotin in these cases, and I determined to try and see what they would do for this patient of mine. Immediately after reaching home I commenced giving her sepia 3 and macrotin 3, every four hours, in alternation; when I commenced giving her these remedies she had just ceased menstruating, and had had severe spasms at that time. I continued

these two remedies during the month, and at her next menstrual period, although the cramps and pains in her head were very severe, yet there were no spasms; I still kept on with the same prescriptions, and when the next menstrual period arrived the cramps and pains were very much lessened, and she only kept her bed two days, whereas she had previously been obliged to remain in bed four and five days; I still continued the two remedies, and when the next month came around, she had no cramps whatever, and she had no more pains than was natural, and she was not obliged to lie down at all. An examination, after this, showed that the uterus was in its normal position; there was no tenderness whatever, and every thing was in a normal condition. I ought to mention, as one of the symptoms, a very offensive yellowish discharge from the cervex, which caused considerable excoriation of the parts, but this had also entirely disappeared. During the summer she grew to be quite fleshy and was able to take long walks without becoming fatigued. In August she visited some friends in the country, and while there had an attack of malarial fever, and she came under my care again in October, suffering very severely with intermittent fever, and it proved to be a very obstinate case, as she is just recovering from it now; but notwithstanding this severe attack, there has been no return whatever of the uterine difficulties, so that I feel that it is a complete and satisfactory cure. I would also state that during the time that I gave her the sepia and macrotin, I also used a local application of strong solution of gum arabic and glycerine, equal parts, which I found to be very soothing to the inflamed cervix.

New York, *February* 8, 1877.

PART II. SECTION VI.

REPORT OF THE BUREAU OF GYNÆCOLOGY.

FRANK L. VINCENT, M. D., Troy, Chairman.
W. M. L. FISKE, M. D., Brooklyn.
G. B. PALMER, M. D., E. Hamilton.
A. P. THROOP, M. D., New York.
EMMA SCOTT, M. D., New York.

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XXXII. Clinical Experience, with Erosion and Ulceration of the Os Uteri, by Wm. M. L. Fiske, M. D.

XXXII.

Clinical Experience, with Erosion and Ulceration of the Os Uteri.

By Dr. W. H. L. FISKE.

One great trouble in the treatment of many diseases of the female organs, to the general practitioner, especially if not well advanced in years, is opportunity for occasional thorough examination of the patient with a free discussion of *all* the symptoms and a complete etiology of the case. The patient will not tell all unless *pumped;* the physician is too diffident, has not tact, or overlooks the true pathological symptoms in prescribing for the more superficial ones; for instance, a married lady has a sensitive dorsal vertebra, sensitive epigastrium, frequent headache, foul tongue and breath, constipation, menses regular but painful. The physician prescribes for the case; calls it dyspepsia with irritation of the solar plexus, when a *name* is wanted for the disease, but fails to cure after a long treatment. Another takes charge, examines more closely, finds that she had a severe fall three years previous, and upon vaginal examination discovers a prolapsed, retroverted and retro-flexed uterus, erosion of the cervix and vaginismus. This condition was treated by local and mechanical means with relief to the dyspeptic symptoms. The cause of failure with the first physician was either carelessness or diffidence, either of which might have been excusable at first, but was inexcusable during a protracted course of treatment. Another great trouble is the fact that our noted specialists, in giving the treatment for this class of disease, omit the little details that they have, by experience, found successful, but which they either think not worthy a place in a monograph, or for fear of being cried down as heretical, omit. For this last reason, I shall detail a little experience accumulated after a number of years in which provoking failures have been followed by comforting cures. The general classification by most writers is:

First. Simple erosion, which is merely a circumscribed loss of the epithelial covering, caused in one of two ways. First, the epithelium is gradually removed by maceration; the most frequent cause. Sec-

ondly, by an exudation from the papillæ, increasing in size to that of a pin-head or millet seed, bursting, leaving an erosion, and by a repetition in neighboring tissue, increasing the size. The first form is usually traumatic, in that the epithelium, loosened by long maceration in the catarrhal secretions, is finally rubbed off by coitus, onanism, pessaries.

The second form called by Scanzoni aphthous, is the result of endo-metritis. The papillæ of the mucous membrane secreting so copiously that the epithelium is raised in vesicles. The diagnosis is easily made by the speculum; the erosion being seen simply as a reddened spot, from which the moist shining epithelium has disappeared.

Though these two forms are very simple, and with simple emollient enemas and cleanliness, will often readily heal, yet, if neglected, will, by the continuance of the cause, be it either mechanical or constitutional, retrograde till we have developed either fungous growths, called cockscomb granulations, or from inertia, the erosion changes into ulceration, either simple or phagedenic.

Prof. Ludlam, in his work on Diseases of Women, advises, aside from the constitutional treatment, the local use of the same remedy, combined with some emollient injection, or as a glycerole, and also speaks favorably of Latour's Oleagenous Collodion, and claims better results with constitutional treatment alone.

Prof. Guernsey, in his work on Obstetrics and Diseases of Women, takes entirely different ground, discarding all local measures, and Hahnemann, in his Organon, says they are absolutely hurtful, especially in psoric, sycotic and syphilitic diseases, "because the local application of a medicine simultaneously with its internal use, results in great disadvantages," etc., etc. (Page 151, ¶ 197, Wesselhoeft trans.)

Dr. P. P. Wells, said to me only yesterday, September eighteenth, "Give me *facts* in curing disease, and I will try and evolve a theory, and if I *cannot*, never mind, so long as the *fact* remains and the patient is cured." Now, facts are what I propose giving.

In the treatment of erosion in young ladies, when their confidence is gained, they almost always admit the previous practice of onanism, and they are very subject to either dysmenorrhœa or congestive cephalgia, or both. In addition to the ordinary remedies laid down in the books, I have had excellent results with ferrum phos (for conditions and indications, *vide* Schüssler's Tissue Remedies, though I used it long before that work was issued, on the combined pathogenesis of the two remedies ferrum and phos), cimicifuga, valerianate of zinc,

helonin and viburnum. I discard all caustic treatment as absolutely pernicious in these cases, and use an injection of slippery elm tea with boracic acid, a drachm to the pint, or hydrastin murias, which dissolves better than the hydrastis; but any injection that stains clothing is pretty sure to be neglected by the patient, and this is the case with hydrastis and pinus canadensis, two valuable remedies, so that when I think best to use either of these I apply it upon cotton, pressed up into the posterior, *cul de sac*, it is thus retained for some time, removed and the vagina cleansed with simple enema.

If the erosion passes up into the cervical canal, then an injection is of no earthly use, as it does not reach the diseased part. In these cases I use the intra-uterine suppository syringe, and with the remedy mixed with cosmoline, introduce, and, as it melts, becomes thoroughly applied to all the diseased parts. Many advise a glycerole of the remedy, but my experience with glycerine in erosion and ulceration is that it is too apt to produce a rapid proliferation of tissue, and consequent fungous growth. In the treatment of ulceration of the cervix and canal, the constitutional treatment is the same as in erosion, though we have in these cases a more debilitated, nervous and physical condition, requiring special care in diet and hygiene. Especially useful is the hot douche, first suggested, I believe, by Sims. By the use of one or two gallons of hot water, 110° Fahrenheit, used as an injection or douche, the congestion and engorgement of the neck is often very decidedly benefited, and the peculiar indescribable pains and weight of the pelvic region relieved. In very delicate females this douche will sometimes produce partial or complete fainting upon first using, but, by graduating the quantity and temperature, and reclining for an hour or more after, any unpleasant feeling is soon overcome. For this reason I have them use it at night. As a local application no remedy has given such satisfaction as iodoform, crystals, applied directly to the ulcerated surface, if the ulceration is intra-cervical. I make a cotton pessary, on Emmet's applicator, fill the fibre full of iodoform, crystals, introduce into the canal, and leave it there, with a string attached, the end remaining outside of the vulva; can be removed by the patient when you wish it. When the ulceration is outside the canal, I dust the surface by blowing the crystals through a glass tube, and with a wad of cotton, with string attached, covered with iodoform, introduce into posterior *cul de sac*, where it is easily retained, and keeps up a continuous medication. The great objection

to this remedy is its offensive odor. A remedy I have lately been trying locally, as a stimulant in ulceration of indolent character, is creosote, saturated with iodine, applied with a C. H. brush, allowed to remain a few minutes, then wiped off; but I have not as yet had sufficient experience to justify any assertion, but it is well for others to try and give the result. Once a week is often enough to use it.

PART II. SECTION VIII.

REPORT OF THE BUREAU OF OPHTHALMOLOGY.

George S. Norton, M. D., New York, Chairman.

William P. Fowler, M. D., Rochester; C. Th. Liebold, M. D., New York, and W. S. Searle, M. D., Brooklyn, with invited co-operation of Drs. F. H. Boynton and Alfred Wanstall.

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XXXIII. The Operative Treatment of Strabismus Convergens, by George S. Norton, M. D.

XXXIII.

The Operative Treatment of Strabismus Convergens.

By GEORGE S. NORTON, M. D.

Taylor, about the middle of the last century, was the first to suggest an operation for the relief of squint. But his ideas were crude, and do not seem to have been indorsed by other operators of that day, as the operation was soon abandoned, and nothing more was heard of it for nearly 100 years, when Stromeyer again brought it into notice, and made his first operation on the cadaver. Soon after this, on October 26, 1839, Dieffenbach made the first successful operation on the living subject. He, however, not fully understanding the anatomical relation and physiological action of the muscles, cut through the belly of the muscle instead of its tendon, thus impairing its power to a great extent, and often giving rise to that dreaded complication of the eye, "going the other way."

At a later period, von Graefe, the real reformer of the operation, placed it upon a scientific basis, and at the present day there is no need of any person going through life disfigured by squint.

The operation suggested by von Graefe is in more common use than any other, and is the one to which I shall especially call your attention, though Liebreich's, Bowman's and others are highly recommended, and are advisable in certain cases.

Before undertaking the operation we must observe the following points very carefully: 1. What the cause of the squint may be due to, whether dependent upon some anomaly in the refraction, some opacity in the media, or some constitutional disorder. 2. Ascertain the relative power of each of the ocular muscles, especially of the contracted muscle and its antagonist. 3. Determine the degree of deviation in each eye, and whether it is unilateral or alternating. 4. Note the amount of vision in each eye, whether diplopia or its production by prisms, or amblyopia are present or not; also examine the field of vision.

After making the above examinations we conclude that the strabismus cannot be corrected by proper glasses, internal medication or systematic "orthopædic exercises," and that we must make a tenotomy of the contracted muscle.

As the operation is usually quite painful, the patient should be placed under the influence of an anæsthetic. A spring speculum should be introduced and the lids kept widely separated (an assistant may evert the eyeball with a pair of forceps, taking care to do so in a horizontal direction and without rotating the ball; if it is turned inward so far that we cannot take up the conjunctiva over the muscle). We then, with a pair of forceps, take up the conjunctival and sub-conjunctival tissues directly over the insertion of the internal rectus muscle, and, with a pair of curved, blunt-pointed scissors, make a vertical slit through this down to the muscle, which should then be separated from the sub-conjunctival tissues by a few snips of the scissors, as far back as we desire the muscle to slide for its reinsertion. The strabismus hook must now be introduced behind the muscle at its lower edge, taking care to press its bulbous point close to the sclerotic until all the fibers of the muscle have been taken up, when the tendon should be divided with the scissors, close to its insertion. A second smaller hook may afterwards be introduced in order to find whether all the lateral expansions of the muscle have been divided, though too frequent and extensive excursions with the hook must be avoided as it tends to promote greater inflammatory action, which sooner or later may occasion slight divergence; in fact some authors as Arlt, Stellwag and others discard the use of the hook entirely, and employ forceps to pick up the muscle, as it gives rise to less inflammation.

The next point is one to which I wish to direct especial attention, namely, the indications for the introduction of sutures.

Wells advises the use of a suture in all cases in which the eyes cannot be steadily fixed upon an object held from four to six inches distant (or nearer if the eye is myopic).

Arlt makes the three following suggestions: 1. If we find by approximating the object to twelve inches and nearer, the operated eye does not turn as far inward as the other, we must use a suture. 2. If on approximating the object to twelve inches, the operated eye turns inwards more than the other, a second operation on the second eye is probable. 3. If on bringing the object to twelve inches, the operated eye turns out, we must diminish the effect.

The above are supposed to cover all cases, though from careful examination of from twenty-five to fifty cases observed within the last two years or so, I would draw different conclusions, and do not believe but that there are many exceptions to the above general rules.

Although we should always bear in mind that it is far better to have strabismus convergens than strabismus divergens with insufficiency of the internal recti muscles, still this must not lead us to apply a suture when not absolutely required, for it is very unsatisfactory to our patients to be compelled to have the eyes operated two, three or more times. We must, therefore, endeavor to form certain rules that will be applicable at all times, and the following have served me well in all cases operated for some time, so that a second operation has not been necessary, except in the case appended to this article:

1. In strabismus convergens, with perfect vision in both eyes and action of all the ocular muscles good, the patient should be able, immediately after the operation, to converge and hold the eyes upon an object six to eight inches distant.

2. In strabismus convergens, with perfect vision in both eyes, but slight weakness of the external recti muscles, they should be able, after the tenotomy, to fix the eyes steadily upon an object eight to twelve inches distant, according to the amount of weakness of the antagonistic muscle.

3. In strabismus convergens, with slight amblyopia ($\frac{20}{30}$ to $\frac{20}{40}$) of one eye, but action of muscles good, the eyes should be able to converge and be held at twelve inches, but not nearer.

4. In strabismus convergens, with much amblyopia of one eye (in which the operation is made for cosmetic purposes), immediately after the operation they should be able to converge at twelve inches, but upon looking steadily a perceptible divergence should be observed, which should be more or less pronounced, according to the amount of amblyopia and relative strength of the external recti muscles.

5. In strabismus, dependent upon opacities of the cornea, the amount of divergence should be relatively more than when dependent upon amblyopia ex-anopsia, unless the condition of the ocular muscles contraindicate.

It is a favorable symptom to have crossed diplopia, images near together, for two or three days or more after the operation, as the slight divergence is owing to the inflammatory action, and will disappear as this subsides.

A perceptible divergence of the optic axes for a few days after an operation for strabismus convergens with great amblyopia in one eye, when dependent upon an opacity of the cornea, is favorable, as it will gradually disappear as the inflammation diminishes.

Another very important question arises in all cases of strabismus that require operation, and one that I desire especially to consider at this time, namely, shall we make tenotomy of both internal recti, and, if so, shall it be done at one operation? It has generally been the rule to operate on only one eye, providing the squint did not exceed two or two and a half lines, but, if greater, to divide the operation between the two, though not at the same sitting.

Arlt, however, one of our most recent authors, in the "Handbuch der Augenheilkunde," advises the binocular operation in the majority of cases, and, in high degrees, that the tenotomy of both internal recti be performed at one sitting, or within two or three days of each other. I would recommend tenotomy of both internal recti muscles in all cases, making a free division of the muscle in the squinting eye, and a very careful one in the other, limiting the effect by sutures according to the rules previously given, except in very slight degrees of unilateral squint, less than one line, or in small degrees of squint, associated with weakness of the external rectus, in which the division of one muscle may sometimes suffice; would also advise the performance of both at one time.

The normal point of insertion of the recti muscles is about midway between the periphery of the cornea and equator of the ball; thus the rectus internus is about five and five-tenths millimetres from the cornea, and also from the equator bulbi, while the rectus externus is about seven and seven-tenths millimetres. If the insertion of the internal rectus be now put back to the equator, as would be necessary in order to correct the highest degrees of squint, the power of the muscle would be lost and strabismus divergens would naturally result; we must, therefore, in these cases, divide the operation between the two eyes.

Let us now consider the effect of a tenotomy on one eye in moderate or small degrees of convergent squint. In doing this we must remember this fact, that the influence of a muscle, upon the ball, decreases the farther back its point of insertion is placed, and it is for this reason that we must be careful, in operating, not to injure the posterior surface of the muscle with the strabismus hook, as in that case the point of injury might adhere to the ball, and thus place its point of insertion more posterior than necessary. Now suppose we have a case of convergent strabismus of from one to two lines, wholly or chiefly perceptible in the right eye, to operate; we simply divide the right internal rectus to correct it and set the muscle back a line

or a line and a half, according to the degree of convergence; we have, it is true, corrected the squint for the time being, but what will be the permanent result? The insertion of the right internal rectus being more posterior than that of the left, its influence upon the ball will be less, and it can readily be seen what disturbances this may give rise to; after much use of the eyes there would probably result muscular asthenopia, a divergent squint of the right eye, or a convergent squint of the left. Of course, in very slight degrees of convergence, or in cases in which there is weakness of the antagonistic muscle (external rectus), or of the left internal rectus, these results would not be liable to occur. Therefore, it is better, in all cases of squint (except in the instances mentioned) to divide the operation between the two eyes in order that the action of the internal recti will afterwards be more nearly equal, though, of course, must be more extensive in the eye possessing the greatest amount of convergence, as the contractile power of that internal rectus is increased and must be diminished to correspond with the other.

Would also suggest that it may be better, in very slight degrees of strabismus, to make a total tenotomy of the contracted muscle and a partial tenotomy on the other eye, in order to weaken its action, though am not prepared, at present, to state from experience the advisability of such a procedure.

The next point is, shall we make a tenotomy on both eyes at one operation, or wait until the patient has recovered from the first, before the other is undertaken? The chief objection given for operating on both eyes at the same time is, that we cannot so surely test the accommodative movements of the eyes, directly after the operation, and thus run the risk of the eye "going the other way." This objection we, however, consider of little weight, because by care we can calculate very accurately the accommodative movements of the eye, and can limit the effect of the operation by the use of sutures.

Again, it is not only much more brilliant to rid a patient of a troublesome squint at one operation, but it is also more satisfactory to the patient, especially if it be a very nervous individual, as the dread of having an operation performed on the eye is something terrible to the minds of a majority of people, and they, not rarely, will refuse to undergo a second operation, preferring to suffer the annoyance of remaining "cross-eyed" the remainder of their lives.

We, therefore, would recommend the performance of the tenotomy of both internal recti at one operation, unless some especial con-

tingency should arise to prevent, though it is always best, even when the binocular operation is made, to warn the patient or friends of the possibility of a second operation, especially if a certain amount of amblyopia should be present.

Our after-treatment for uncomplicated cases also varies in some respects from that usually laid down. We would never advise the use of a bandage (as many do), unless a hemorrhage into the cellular tissue of the orbit, or some other complication, should arise to render it necessary. Upon the other hand, we allow the patient to go around as usual, using the eyes as much as they desire (which will not be excessive for a few days), in order to correct the diplopia which may arise, and to establish correct associated movements as soon as possible, giving them a solution of calendula to bathe the eyes with quite frequently to allay any undue inflammatory reaction. The sutures may be removed in from one to three days, according to the position of the eyes.

The following case is appended in this article on account of certain peculiar conditions observed, which rendered the indications for the sature unreliable:

Libbie A——, aet. 18, was brought to me on January twenty-seventh for the correction of a convergent squint of long standing. I found an alternating squint, chiefly observable in the left eye, of some two and a-half lines. Rv $= \frac{20}{20}$; Lv $= \frac{20}{30}$. Under ether a tenotomy of both internal recti was made, especially free in the left eye. Sutures were introduced in both eyes, but not tied until after she had come out from under the influence of the anæsthetic, when upon testing the eyes found a slight divergence at the near point, so tied the suture in the right eye; after which she was able to converge at eight inches very readily, as was desired, vision being so nearly perfect in both eyes. The suture in the left eye was removed and a calendula solution employed.

Jan. 29. Eyes perfectly straight. Removed suture.

Jan. 31. No deviation, and the eyes move well with each other. Allowed her to return to her home in the middle of the State.

Feb. 10. Returns to-day, with a slight convergent squint of left eye; r. v. $= \frac{20}{20}$; l. v. $= \frac{20}{30}$; hm. $= \frac{1}{30}$. Can see better at the near point for a minute or two with convex 30, but will not tolerate as strong a glass for any length of time. So prescribed convex 50 for constant use, both at the distance and near, as this is the strongest which can be used with comfort.

Mar. 9. No change in amount of squint or condition of the eyes since last date, except that v. $= \frac{20}{20}$ in both eyes, though clearer in the right. This afternoon, made a second tenotomy of the internal rectus of the left eye, after which, as she was able to converge at eight inches, did not apply a suture, but, upon the other hand, endeavored to increase the effect of the operation by pasting pieces of paper over the right half of her glasses, so that she must constantly turn her eyes to the left to see.

Mar. 10. Eyes apparently straight; allowed her to return home.

April 7. Can occasionally observe a slight convergence of the optic axes, but not usually perceptible; v. $= \frac{20}{20}$, but clearer in the right eye. Can read easily with either eye, at the usual distance. Monocular vision. Advised her to continue the use of glasses.

Aug. 4. Now five months since the last operation; find the eyes perfectly straight, and vision perfect in both eyes for distance and near, though cannot obtain binocular vision in any way at either point, either by prisms or otherwise. Advised practice with the stereoscope, that she may endeavor to use both eyes at the same time.

The following questions arise in this case, viz.: Why has she only monocular vision now that the sight is perfect in both eyes, and also will she ever obtain binocular vision? The probable explanation of the above is, that as she had been accustomed for so long a time to suppressing the image in one eye, she cannot readily return to the employment of both eyes at the same time, but probably, in the course of time, by training the eyes with the stereoscope, etc., binocular vision will return.

36 WEST TWENTY-SEVENTH STREET, NEW YORK CITY.

REPORT OF THE DEPARTMENT OF OTOLOGY.

HENRY C. HOUGHTON, M. D., New York, Chairman, with invited co-operation of Dr. W. E. ROUNDS, New York.

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XXXIV.

Aural Polypi.

By W. P. FOWLER, M. D., Rochester, N. Y.

In looking over the literature of our school, I have often noticed that polypoid growths of the ear are spoken of as independent tumors, and constitutional treatment alone recommended for their removal. Now, as such teaching is erroneous and well calculated to do harm, I take the liberty of correcting these mistakes by briefly considering the nature, cause and treatment of polypoid growths of the ear. I trust that I shall succeed in throwing some light upon a subject which is not generally well understood.

Various authors classify aural polypi differently. Some mention as many as seven or more varieties, while others speak of but three forms. I shall not classify them at all, as it is of no practical importance to do so. They vary much in shape, size, and structure. Sometimes they are conical or pyriform in shape, and have a narrow pedicle by which they are attached to the tissues from which they spring. At other times they are lobulated. Frequently, when large, they completely fill the external auditory canal, and assume the shape of that passage. Then, again, they are almost flat, and have a broad attachment. In size they vary greatly. Often they are so small as to escape detection unless a very careful examination is made. On the other hand, they may be so large as to protrude from the meatus externus, and be noticed by any one who meets the patient.

In density, aural polypi differ somewhat. The soft, mucous variety often bleed from the slightest touch, while those containing more fibrous tissue are harder, and hemorrhage is not so easily produced in them. I may say here, that mucous polypi are much more frequently found than the fibrous variety.

On looking into an ear where polyps exist, it will always be observed that there is a discharge, either of pus, or of a thin, offensive matter which is often sanious. Now, why is this so? I have said that it is a mistake to speak of aural polypi as independent tumors. I repeat it here, for they are always dependent upon, either chronic suppuration of the middle ear, or upon inflammation of the external auditory

canal, accompanied by a destruction, or partial destruction, of the integument lining that passage. Prof. Roosa, of New York, published, in 1864, an article in the American Medical Times in which he "attempted to show on chemical grounds that aural polypi were analogous in structure to exuberent granulations occurring as direct results of an ulcerative process." If we accept this view (and I think we should), it "at once clears up the nature of these growths, and takes away the fictitious importance which the view that regards them as independent tumors caused them to assume."

We may, then, look upon aural polypi as being of about the same nature as exuberent granulations, and as resulting directly from an ulcerative process. In every case that I have seen they were one of the results of chronic suppuration of the middle ear. The pus that escaped from the tympanum into the external auditory canal, was not removed by syringing, and being of an acrid, irritating nature, it soon produced ulceration of the walls of the canal, followed by exuberent granulations. But polyps of the ear are by no means confined to the external canal. They much more frequently spring from the walls of the tympanum which are covered by mucous membrane instead of integument.

According to my observation, the growths, when arising from this locality, are much oftener attached by long, narrow pedicles, than are those that spring from the external canal. I have seen cases where the polypus protruded from the meatus auditorius externus, and yet was attached to the wall of the tympanum. Great care should be exercised in the removal of such tumors, for reasons that I shall presently speak of.

Tornbee, Allen, and other authors speak of aural polypi as sometimes occurring during the advanced stage of simple chronic catarrh of the middle ear. I cannot conceive of such a case. The mistake undoubtedly arose from the fact that the nomenclature of aural diseases was, until recently, very imperfect, and chronic suppuration of the middle ear might very easily have been confounded with chronic catarrh of the same portion of the auditory apparatus.

During an attack of diffuse inflammation of the external canal, when the integument had become broken down, I can very readily see how granulations might spring up, although I have never met with such a case in my practice.

Treatment.—We should, when treating aural polypi, remember that they are only a result or outgrowth of a diseased condition of

the ear, and that when they are removed we have only taken one step toward the cure of the patient.

It will be a very discouraging task to attempt the removal of these growths with homœopathic remedies, for, although chronic suppuration of the middle ear has been many times arrested by the indicated remedy when no polypi existed, it is next to an impossibility to bring about any favorable result if the free escape of pus from the ear is impeded by these morbid products. For this reason, do not waste valuable time by fruitlessly endeavoring to cure your patient with remedies administered internally.

When a patient presents himself suffering from these growths, the first thing to do is to remove them, and for the following reasons:

First. When of any size, they prevent a free escape of pus from the ear, and thus aggravate and maintain the primary disease.

Second. They obstruct the external auditory canal, and interfere with proper cleansing of the part.

Third. By their presence, the contiguous tissues are kept in an irritable condition and further ulceration produced.

Fourth. They frequently impair the hearing.

Fifth. By removing them, we make a favorable impression upon our patient, and thus gain his confidence — a very desirable thing to have.

But *how* shall we remove them?

There are a large number of instruments in the market, devised for removing these growths by avulsion, ligation, etc., but they have very little to recommend them save the ingenuity displayed in their construction.

Many physicians take polypi away with forceps. I cannot recommend this method, for when the growth has its attachment in the tympanum, the forcible removal of the polypus is very apt to do great harm. Then, again, some pain is produced, no matter where the growth is attached, and the hemorrhage is frequently quite troublesome after removal. When taken away with instruments, caustics must be applied to the roots of the polypus to prevent it from sprouting again.

For the last year and a half, I have used for the purpose of getting rid of aural polypi, the saturated aqueous solution of bichromate of potash. I have never seen this remedy recommended, or even mentioned in any medical works, neither have I ever heard of its having been employed by any physician for the purpose of removing

these growths. I was led to its use in this way: I have, for several years, been in the habit of treating nasal polypi with this drug — have had most gratifying results in those cases from its use, and so the thought struck me "why not try it on aural polypi?" I did so, and was delighted to find that it was every thing that could be desired. The first case was that of a lad, fourteen years of age, who had suffered from chronic suppuration of the middle ear for six years. His parents, who were very intelligent people, had noticed for over two years a "tumor" as they called it, just within the external meatus. On examination I found a large polypus, which almost completely filled the canal. With a cotton holder, armed with cotton, I applied the bichromate of potash to the polypi, and instructed my patient to call again the next day. This he did, and I found that already the potash was beginning to act on the growth. I then made the application every day for four days, when the polypus had entirely disappeared. There has been no return of the growth.

I have, since that time, removed a large number of polypi with this remedy. It has *never* failed me, no matter how large or dense the tumor was, and I believe it to be the safest, most pleasant, and satisfactory method that we have of ridding an ear of these troublesome products.

Nitric acid will also kill aural polypi, but it is very apt to cause pain, and if brought in contact with the healthy tissues, it will affect them as well as the polypus. It would hardly be safe to apply it to a tumor in the tympanum, but I have used the potash in a number of such cases without producing the slightest unpleasant results.

Acetic acid does very well when the growths are small, but if they are large and contain much fibrous tissue, it is almost useless.

Nitrate of silver I shall only mention to condemn. It should *never* be applied to polypi springing from the tympanic walls.

In my judgment, chromic acid is by far the best application (with the exception of bichromate of potash) that we have in these cases; but it is not so mild as the potash, and must be used with more care.

When applying the bichromate, I am not very careful about preventing it from coming in contrct with the healthy tissues for if it does it will do no harm. It should be applied freely to the polypus until the growth has disappeared. Four or five applications will usually suffice.

XXXV.

The Faradic Current in the Treatment of Tinnitus Aurium.

By E. B. SQUIER, M. D.

In the Archives of Ophthalmology and Otology (vol. V, No. 1), is a review of an article by Mr. Geo. P. Fields upon the uses of electricity in tinnitus aurium. He says, "the mischief can always be traced to the membrana tympani."

In cases where remedies have proved inefficient the author has rarely failed with Faradization. Mr. Fields attributes "the good results obtained to the stimulation of the intrinsic muscles of the ear, just as in other parts of the body paralysis is often overcome by the same means."

In the same number of the Archives, Dr. Theobald maintains that "tinnitus aurium is to be attributed in almost all cases, whether associated with aural affections, cerebral diseases, or constitutional disorders, to the existence of vibrations excited in the walls of the blood vessels of the labyrinth by the friction attending the circulation of the blood." The tinnitus accompanying catarrhal inflammation of the middle ear is explained upon the ground that "those conditions of the sound-conducting apparatus which prohibited the entrance of sounds from without will also prevent the escape of sounds from within."

In the Archives (vol. V, No. 2), J. J. Stard, following a description of the various forms of apparatus for the application of electricity and for testing its effects upon the human system, takes up the question of tinnitus aurium and divides this affection according to its causes into five different classes, and sums up the results of his observations on the use of the electric current as follows:

1. The currents modify and localize the tinnitus.

2. Certain subjective sounds resist the action of the current longer than others; this is especially the case with a whistling sound.

3. The tinnitus diminishes in intensity with the diminution of deafness, and disappears with the restoration of hearing.

4. The use of the galvanic current is sufficient to cure deafness of

a nervous origin; if this result is not obtained, at least the hearing is always improved.

5. A shorter period is necessary for treatment if the deafness is of recent origin.

6. A degree of relief is experienced immediately after the application of the current.

7. Only feeble continued currents should be used.

8. It is important not to fatigue the patient by too prolonged or too painful an application.

9. The more simple operative proceedings give the best results.

The reviewer, Dr. U. J. Blake, considers that the breadth of the conclusions given lays them open to criticism, especially as regards the third statement. Dr. Blake's experience has been that in a large number of cases the negative pole being applied to the affected ear, the tinnitus increased with a progressive improvement in hearing, and then diminished, sometimes quite rapidly, the improvement in hearing continuing.

Before these articles came to my notice, I had adopted the use of the Faradic current in the treatment of tinnitus aurium, and, although my observation had been confined to a small number of cases, I had come to substantially the same conclusions as J. J. Stard.

Since reading their statements, I have carried my investigations still further, only, however, to verify the conclusions already arrived at.

I agree with Mr. Fields in the belief that the benefits derived from Faradization are due to the stimulation of the intrinsic muscles of the ear.

The cases which I have observed have all been those of middle ear diseases, many of them being simple catarrhal inflammation of the middle ear. These, however, cannot be taken as fair tests of the benefit of the current, as they would probably have improved in time with the use of remedies and the air bag.

The cases which to me are of the most interest are those in which I had given other means a fair trial, with but little or no success, and then, as a "dernier resort," employed the Faradic current with good results.

I have had up to this time but one case in which the tinnitus did not entirely cease during the treatment. This case was only under my care for a short time, when the solicitations of his allopathic family physician induced him to return to his allegiance.

This is the case given as No. 1.

I particularly agree with Stard in his second, third, fifth, sixth, seventh and eighth conclusions.

Following are a few clinical cases of the most marked interest:

Case 1. J. E., male; age, 38; occupation, detective: Complains of deafness and tinnitus aurium in both ears of several years standing. P A. A D. H.=$\frac{c}{60}$ P A, A S. H,=$\frac{c}{60}$. An examination by means of the otoscope revealed the M. T. to be much depressed in both ears; they were also somewhat thickened. The eustachian tubes were found to be imperforate. Had a slight pharyngeal catarrh. The treatment consisted in the daily use of the eustachian catheter with the air bag, and an application for a short time of the Faradic current. After treating him one week, I succeeded in opening the left eustachian tube, when P A. A S. H=$\frac{2}{60}$. In one week more P A. A S. H=$\frac{9}{60}$. At this time the tinnitus had almost entirely ceased in the left ear. The right eustachian tube remained imperforate, the impairment of hearing being still the same, and the tinnitus as loud as at first. At this stage of affairs the patient passed from observation.

Case 2. Z. D., male, age 26; occupation, book-keeper. In this case the tinnitus had been of about two years' standing and had first been noticed during a protracted period of labor and nervous excitement, occasioned by the illness of a near relative. I found the hearing power somewhat impaired, being about $\frac{15}{60}$ in each ear. The M. T. thickened and depressed, but readily movable, the eustachian tubes freely opened by the politzer bag. He had not noticed the impairment of hearing power until I tested it. Had been successfully treated by an allopathic specialist for pharyngeal catarrh with a local application of nitrate of silver, much to the detriment of his general health, however.

For three months my treatment of this case consisted in the use of the air bag twice weekly, and merc. dulc.[3] four times daily, at this time P A. H.=$\frac{18}{60}$ for both ears, with no perceptible lessening of the tinnitus.

I then employed the Faradic current twice weekly, and also used the air bag as before. The only remedies employed were those for any constitutional disturbance which came up during the course of treatment.

The hearing power steadily improved, and at the end of three months P A. A D. H.=$\frac{43}{60}$ P A. A S H.=$\frac{44}{60}$. The tinnitus at this time had entirely ceased. This case has been a striking verification of Stard's third conclusion, for the decrease in the tinnitus was regular, and kept pace with the increase of hearing power.

The patient (a very intelligent man) described the tinnitus as being of a shrill whistling character.

Case 3. Mrs. M——, age 38. Missionary in Turkey, home enjoying a vacation. Has been annoyed by tinnitus aurium since having typhoid fever when a girl. Has noticed impairment in hearing during a few years past only. Has had catarrh since coming to this severe climate, which aggravates the deafness, but does not apparently affect the tinnitus, which has always been of a dull, heavy character, described by the patient as the sound of a distant locomotive whistle of a low key.

An examination showed P A. H.=$\frac{C}{60}$ for both ears. The M. T. of both ears depressed and thickened. Eustachian tubes opened with difficulty with air bag.

Treatment for a few weeks consisted in the use of the air bag every second day, and merc. dulcis, sulphur, and kali. bichromicum, in the order given. No improvement. Continued same treatment with the addition of the use of the Faradic current for three weeks, at the end of which time she was obliged to leave the city. At this time P A. A D. H.=$\frac{5}{60}$ P A. A S. H.=$\frac{7}{60}$ and the tinnitus had entirely ceased.

The decrease in the tinnitus in this case was more marked than in any other I have had under observation. It ceased to be continuous after the first application of the current, and under a few more applications was no longer noticed.

Case 4. H. S., male, age 18; student. Right ear normal. Complains of tinnitus in the left ear. Has noticed it for two years past. Has pharyngeal catarrh.

Upon examination P A. A S. H.=$\frac{C}{60}$. M. T. much thickened, depressed and slightly movable. Eustachian tube closed but opened by catheter treatment. Used posterior nares syringe for the catarrhal condition present. Air bag, kali. bichromicum[3] four times daily.

The catarrhal affection was much improved, as was the hearing under this treatment which was kept up for six weeks. The tinnitus did not perceptibly improve. After following this treatment for the time stated, used the Faradic current for four weeks longer when the tinnitus had entirely ceased, and P A. A S. H.=$\frac{10}{60}$.

Case 5. A. H., female, age 21. Has had tinnitus in left ear for about a year. P A. A D. H=$\frac{48}{60}$ P A. A S. H=$\frac{C}{60}$. The M. T. of right ear appears but slightly abnormal, being a little thickened. M. T. of left ear much depressed, thickened and almost immovable. Right eustachian tube perforate, left only with difficulty after use

of the catheter. After once being opened the air bag was sufficient. For this case I employed the air bag every second day, and merc. dulcis[3d] followed by pulsatillla[30]. This course was kept up for five weeks, when the following conditions were present: P A. A S. H—$\frac{60}{0}$ a P A. A D. H.—$\frac{60}{60}$. Eustachian tubes freely open with air bag. Began the use of the current. Stopped remedies, except one prescription for a slight gastric disturbance which occurred. In five weeks longer the tinnitus aurium had ceased and the hearing power much improved, but being variable, sometimes several inches, and again but two or three.

The cases I have cited are those which proved intractable under usual methods of treatment, and are of interest for this fact only.

The method of using the current which I have adopted is to place the negative pole over the mastoid process of the side in which the tinnitus is located, and the positive pole over the opposite side, if only one ear be affected. If both are affected, I place the positive pole in the opposite hand of the patient. I had formerly used Faradization in aural disease in the method recommended by Prof. Houghton, but either this method was too complicated or the results did not meet my expectations, and I was ready to agree with Roosa that the benefits of electricity in the treatment of aural disease had been overestimated.

I have in many cases examined the M. T. before and after the application of the current, and where previously pale after the application it would be seen to have assumed a rosy color, much the same as can be observed in the first stage of an acute catarrhal inflammation of the middle ear. This proves how much the circulation is increased, and it seems to me the fact that tinnitus aurium is cured by thus exciting the circulation is a strong argument against Dr. Theobald's theory that the friction caused by the circulation of blood is the cause of tinnitus aurium.

Remarks on Dr. Squier's Paper, by Dr. Henry C. Houghton.

The paper presented by Dr. Squier raises the old question of the comparative merits of the galvanic and Faradic currents, one which has come to be answered in the same manner by all who have made extensive use of both. Each form is valuable, each specially adapted to its special uses, and it is as useless to expect to get the chemical action of the galvanic from a Faradic machine as to expect the effects produced upon the muscles by the induced current from using the battery without the helix.

When Mr. Field claims that the cause of tinnitus aurium can always

be traced to the membrana tympani he makes an assertion which he will find it very hard to support. And the statement that the good result reached, is due to "stimulation of the intrinsic muscles of the ear" is not clear, to say the least. By the intrinsic muscles we understand those attached to the auricle that move it in parts; in contrast to those which move it as a whole. Stimulation of the muscles of the auricle would hardly overcome tinnitus. Of course the gentleman means the muscles of the tympanum, but how will he explain those cases in which subjective noises exist without lesion of the tympanum? Certainly many aurists find them and admit that they are the most intractable ones too. Mr. Field rarely fails with the Faradic current. Well, he has been more fortunate than others. With no detail of symptoms and only a superficial description of the cases, Dr. Blake is warranted in taking exception to his conclusions.

Stard's deductions on the contrary, are drawn from the use of galvanism, and while brilliant results are stated, the claims are not contrary to the experience of those who have used the galvanic current. Those who use the galvanic current must keep in mind the immediate (chemical) effects produced by it and not expect such results from the Faradic. If they apply the electrodes in the same manner for either current they will be disappointed, and like Prof. Roosa, write as he does: "This is an agent whose real value has been much underestimated in many departments of medicine, but I am inclined to believe has been overrated in the treatment of aural disease."

Dr. Theobald's deductions as to the causes of various subjective sounds are drawn from the latest physiological and pathological studies and are presented in a clear and scientific manner. While it is true that there is much unknown as to the functions of the labyrinth yet it is true also that the blood supply of the internal ear is no exception to the rules, and we may expect the same phenomena of varying pressure if the vaso-motor supply to internal walls is disturbed. That such is the case in many patients is undoubtedly true, and dilated arteries increase the inter-labyrinthal pressure to such a degree that unusual excitation of terminal nerve fibres is caused both in the cochlear and vestibular branches of the auditory nerve. Galvanism restores the vaso-motor supply for the time being and the noise ceases, so that the fact is an argument in Dr. Theobald's favor. Galvanism does not *stimulate* the circulation but it stimulates the nerve supply to the arterial walls and thus *regulates* the circulation in the internal ear.

REPORT OF THE DEPARTMENT OF LARYNGOLOGY.

E. J. Whitney, M. D., Brooklyn, Chairman, with invited Co-operation of Dr. J. A. Terry, New York.

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XXXVI.

Acute Diseases of the Larynx.

E. J. WHITNEY, M. D., 100 Lafayette Avenue, Brooklyn, N. Y.

In the diagnosis of diseased conditions of the larynx, as well as in the application of remedial agents, he who adopts pure symptomotology as his basis, to the exclusion of other methods for direct examination of the parts, will often find himself greatly at fault. So many symptoms of the same character accompany morbid conditions so widely different, that it is only by a careful examination of the parts an intelligent opinion can be arrived at. Take, for instance, the symptom of dyspnœa, which may arise from paralysis of the vocal chords, from spasm of the glottis, from œdema or inflammation, from growths within the larynx or pressure from enlarged glands external to it. And of what value is this symptom in and of itself or even as a part of a group of symptoms, as indicating with any degree of certainty the morbid process at work? Absolutely worthless. Therefore the practitioner should accustom himself to examine, as often as possible, the *healthy* larynx, in order to be thoroughly acquainted with its normal appearance, and, in the next place, make himself perfectly familiar with such pathological changes as result from diseased action. Sub-acute laryngitis is a disease very prevalent from November until May, and more or less throughout the year.

This condition usually manifests itself as the result of a "cold." There is little or no febrile action, although the disease is often ushered in with cold or chill. The voice is always altered and very often completely gone. The patient complains of pain and especially fatigue in talking, and, during the progress of the disease, the voice may be suddenly restored and, in a short time, as unexpectedly lost again. Accompanying these symptoms may be found more or less cough, hard and stridulous, with scanty expectoration. The patient complains of tickling, soreness or rawness of the throat, which excites the cough. Upon a laryngeal inspection, the mucous membrane will be found slightly congested, but without any appearance of erosion or other lesion, and the vocal chords somewhat thickened on their edges, and varying in color from the slightest tinge of pink to a light red. Under ordinary circumstances, if left to itself, these conditions

subside in a few days, although repeated attacks will result in chronic congestion. In the treatment, I would suggest four remedies which have proved the most successful in my hands: Belladonna, causticum, phosphorus and rumex crispus.

The indications for each are as follows:

Belladonna — Vocal chords bright red; feeling of fullness and soreness in the larynx; dryness of the parts.

Causticum — Cough painful; great fatigue from talking; voice reduced to a whisper; feeling of weariness in the larynx; soreness of the larynx.

Phosphorus — Larynx feels sore and dry; the passage of inspired air gives to the parts a sensation of rawness; cough hoarse, expectoration scanty; constant tickling in supra-sternal fossa; dryness of the throat night and day; hawking of mucus in the morning; hoarseness, loss of voice.

Rumex Crispus — Hawking of mucus from the larynx, with burning soreness; voice hoarse, especially in the evening; tickling in the throat; coughing increased by pressure on the larynx; forced barking cough with soreness of the larynx and chest.

As adjuvants to constitutional treatment, the cold-water compress at night, followed by washing and brisk rubbing of the parts in the morning, or atomized inhalation of different astringents, as alum, ferri per chloridi, tannic acid, chloride of zinc, will often prove of great service.

Acute Laryngitis.

This disease, the most formidable of acute affections of the larynx, makes its appearance as a rule very suddenly, accompanied by symptoms of great severity, and is, therefore, of short duration. It is often of idiopathic origin, the result of exposure to cold, or it may be present as a complication in existing chronic inflammatory action, more especially pertaining to tuberculous or syphilitic laryngitis. In many instances it is purely traumatic, and may be caused by the swallowing of scalding liquids or caustic preparations, or from the inhalation of steam or hot vapors, or those arising from powerful acids. Acute laryngitis usually manifests itself by chilliness, which soon gives place to fever, accompanied with soreness of the throat. The larynx is found upon palpation to be painful and tender, with a feeling of tightness or constriction. In rapid succession follow dyspnœa and dysphagia. The voice, although not always involved, is usually hollow or hoarse, or it may be shrill and reedy; while the act of speaking is only accomplished with great difficulty and much

pain. The respiration is laborious and stridulous, quite characteristic of the constricted state of the parts from thickening or infiltration. The cough is hoarse, hollow or brassy and metallic in character, and in this respect very similar to the true croupal cough. The temperature, which is very high from the beginning, continues to rise, fever increases, painfulness in swallowing or in the exercise of any of the motions of the larynx becomes more marked. The countenance betrays great anxiety as the respiration becomes more impeded, and the sufferer soon perishes from apnœa or coma. These terrible symptoms do not of course bear a proportionate relation to the amount of surface involved in inflammatory action, as the whole of the interior of the larynx is comprised in a very small area, but they rather depend upon the fact that an inflamed or infiltrated condition of ever so slight a portion of the laryngeal membrane, cannot but interfere in a marked degree with the respiratory function. The swollen membrane acts therefore as a mechanical impediment to respiration, exactly as from the lodgment of some foreign body, and this constitutes the gravity of the disease. In most cases of acute laryngitis one of two forms will generally be presented, one in which the mucous membrane alone is involved, and the other where both the mucous membrane and sub-mucous tissue are affected. From a laryngoscopic examination, the membrane is observed to be fiery red in color and swollen many times its normal thickness. In the same manner the ary-epiglottic folds will be seen thickened and tumid, while the ventricular bands from the same cause often completely hide the vocal cords. In many cases the rapidity of this action is so great that the patient dies before any assistance can be rendered, while in others it may run from seven to ten days.

Therapeutic agents may be divided in two classes, either of which may be indicated, according to the severity and depth of inflammatory action. In the early treatment of the case, aconite and belladonna alternated every half hour should be at once given, while the throat should be enveloped in cloths wet in ice cold water or in ice bags.

For the cough may be given hepar sulph., lachesis, phosphorus and spongia, used in accordance with their indications. Iodine, kalibichrom, causticum, rumex or sanguinaria may also be studied as more or less indicated.

In regard to the advantages of topical applications, there is a wide diversity of opinion among various writers. Many remedies applied directly to the inflamed surface by atomized inhalations are highly

extolled by some, and severely condemned by others. It is, after all, a question which individual experience must decide. In the first place, the repeated inhalation of the steam arising from warm water is admitted by all to be of unquestionable benefit. Thus the debateable ground begins with the application of the various astringents, and end with the application of nitrate of silver in solutions of various strength. One inhalation I can confidently recommend, as being proved in my own experience, a most valuable sedative in inflammatory conditions of the larynx. It is the tincture of benzoin—one drachm or a teaspoonful to a little over a pint of water, at 150 degrees Fahrenheit, and inhaled for ten minutes. This has proved of signal service in my own practice as a sedative in active congestive conditions of the larynx, particularly in their early stages.

Surgical interference is often invoked in these cases, when suffocation is impending from infiltration. This may consist in scarification or tracheotomy. If the former is promptly applied the latter and more dangerous operation may not be required; but in either case, whatever *is* done *must* be accomplished with promptness and not delayed too long after the respiration has become impeded to any great extent.

Œdema of the Larynx.

In relation, in a greater or less degree to acute laryngitis, as well as almost all inflammatory conditions of the larynx, both acute and chronic, is that appalling and fatal malady œdema of the larynx. This consists in a serous, or sero-purulent infiltration into the submucous tissue of the *upper* margin of the larynx. Much confusion has been caused up to a comparatively short period, in the nomenclature of this disease, but probably among all the names by which it *has* been mentioned, that of "œdema of the glottis" is the *most* calculated to mislead both as to character and location. Let it be plainly understood then, that the disease which has been known as "œdema of the glottis" consists of an infiltration into the long, loose connective fibres, which form the ary-epiglottic folds, and is therefore an affection invading the *upper* margin of the larynx instead of the floor. While it is sometimes idiopathic in its origin, it most frequently occurs, in the course and as a complication of some other disease, as acute, chronic, or syphilitic laryngitis; the laryngitis of phthisis; in pharyngitis, whooping cough, pneumonia, pulmonary catarrh; the exanthemata of measles, scarlet fever, small-pox, erysipelas, typhus and typhoid fevers. It may also occur in connection with Bright's disease of the kidneys or other conditions favorable to anasarca; from malignant disease of the tongue,

pharynx or œsophagus. In glandular enlargements or tumors; aneurism of the arch of the aorta, may induce it, as may also wounds and injuries of the larnyx. Seizing, as it sometimes does, persons in the most robust health, it is more apt to make its appearance with those whose constitutions are broken down from disease or hard living. There are some persons who appear to be predisposed to attacks which may return two or even three times. In the idiopathic variety, cold and moisture are the main causes.

A diagnosis by means of subjective symptoms alone, can never be positively established, but palpation and ocular inspection of the parts can be relied upon with certainty. The respiration becomes suddenly impeded and increases with great rapidity; more or less tenderness of the parts is observed, which does not always amount to pain, but rather a feeling of constriction, as though a foreign body had found lodgment there. The respiration becoming more labored, is accompanied by a shrill whistling sound; the cough is stridulous and highly pitched, the extinction of the voice more or less complete, the countenance livid and expressive of great anxiety.

These, in brief, are the subjective symptoms presented, but as they are also known in croup and spasm of the glottis, it will be seen that they are far from reliable as indicating the character of the morbid process going on. Viewed by the laryngoscope, the diseased parts present characteristic appearances which are unmistakable.

The thin ary-epiglottic folds, are seen to be converted into thick puffy cushions, irregular, oval or globular in shape. The epiglottis is increased many times its natural size, while it hangs over the superior margin like a huge tumor. The approximation of these swellings towards the median line converts the opening into a mere slit, which is much smaller during inspiration than expiration. Under these circumstances, the interior of the larynx — the ventricular bands and vocal cords — are entirely concealed from view. The parts are less vascular in appearance than would be expected, and in *color* compares with that of œdema of the prepuce or œdema of an eyelid.

In the absence of the means for a laryngoscopic examination a tolerably good estimate of the condition may be made by digital palpation.

This may be accomplished by drawing the tongue out forcibly, and introducing the index finger of the right hand, *quickly* into the mouth, and over the posterior face of the epiglottis, when the œdematous swellings will be plainly recognized. As a great propor-

tion of these cases have a fatal termination there is very little encouragement that one can give in prognosis, particularly when the œdema results from disease, which of itself is inimical to life.

The treatment of œdema of the larynx may be divided into three classes — constitutional, local, and surgical; in some cases improvement may take place from the first or constitutional means; again recourse must be had to all three. In the consideration of remedies for this condition, it will be well to divide them into two classes. The first are those whose action tend to diminish effusion, and the second comprises those which control obstructed respiration.

Apis is indicated when the attack has suddenly appeared as a complication with some acute disease, especially erysipelas, eruptive fevers or from burns.

Arsenicum on the other hand is indicated when there is a predisposition to anasarca, as a result of chronic disease, or in persons whose constitutions are broken down. It is of particular value in cardiac or aortic disease, or in Brights disease of the kidneys.

Among those whose action has reference to dyspnœa, may be mentioned, iodine, bromine and chlorine.

The most *effective* treatment consists in thoroughly scarifying the œdematous swellings, and allowing the escape of the effused fluid. This may be best accomplished by Mackenzie's guarded knife. Under the guidance of the finger, or if practicable, by means of the mirror, the knife should be directed to the part, and several incisions made upon the tumid swellings. This will often give the promptest relief, in some cases to such a degree, that in an incredibly short time after the operation, the patient announces himself entirely free from all obstructed respiration or pain in swallowing. Where danger from suffocation is imminent and the proper instrument is not at hand, a curved bistoury, covered with adhesive plaster, except at the point, will answer. Or in case the physician is without *any* cutting instrument, suitable for the purpose, an effort should be made to scratch through the mucous membrane with the finger nail.

The administration of strongly astringent substances, by means of inhalation is sometimes, especially in the early stages, attended with excellent results. Among these may be mentioned alum, chloride of gold and chloride of zinc, or a strong solution of tannic acid. The tincture benzoici comp. will also be found of great service as a sedative; also the sucking of small pieces of ice.

If each or all of these methods fail to give relief, tracheotomy must be resorted to.

XXXVII.

Diphtheria.

By J. A. TERRY, M. D.

Diphtheritis, a word derived from the Greek (διφθερα) a skin or membrane, and (ιτης) bold, rash; a suffix denoting inflammation. To the ancients it was known by the name of "Ulcera Egyptica Syriaca" or "Malum Ægyptiacum." Dr. M. Bretonneau invented this name of diphtheria, and minutely described the disease during his observations in a violent epidemic in Tours (France), from 1818 to 1826. In the years 1745 to 1748 it spread over large portions of Europe, assuming the epidemic form, showing a malignant type, and proving alarmingly fatal. It has since 1856 continued to show itself in England during the summers and falls, while in the United States, where this disease first appeared in 1858, it abates in the summer months. Like the generality of epidemics, the first cases in a locality are the most severe; after some weeks, the violence seems to abate and diminish in severity. Sometimes, due to telluric influences, the malignant form is renewed; but it subsides again after a short time. Damp, foggy weather, with slow rains seems to increase the number of the attacked with this disease, and poverty, badly-ventilated localities, as well as uncleanliness, predisposes in favor of its manifestation and development.

Bretonneau first considered diphtheria as an entirely local disease, but in a later period conceded that blood poisoning was one of its essential characteristics.

Buhl taught that it was a general infectious disease that manifested itself by preference upon the tonsils, pharynx, lungs, etc., etc.

Neidhard (1867) is of the opinion that all authorities and writers on the subject agree that the main essence of diphtheria consists of a poison in the blood derived from miasmatic causes.

Bæehr says in his work: "It seems as if there existed some peculiar predisposition for diphtheritic exudations, and as if this predisposition were founded in a peculiar delicacy of the mucous lining, or in such general diseases as generally predispose to abnormal processes of exudation, particularly scrofulosis and tuberculosis; the latter supposition being confirmed by the fact that unwholesome

dwellings, deficient food and vitiated air, undoubtedly occasion diphtheritis."

From Raue we quote: "As to its *causes*, all writers agree that it is the effect of some *specific poison*, the nature of which we know just as little as that of cholera, typhus, or yellow fever."

Ruddock, in his text-book, writes: "A specific, contagious, and sometimes epidemic disease, due to toxœmia, in which there is a peculiar sore throat characterized by exudation," etc., etc. In another paragraph he adds: "As just described, it is a blood disease, manifesting local distinctive symptoms. It would then be incorrect in theory, and might lead to grave errors in treatment, if the constitutional disturbances were regarded as the effects of the physical changes about the throat. It is true that, as in some other disorders, the patient might die from the local disease, but it must not be forgotten that we have to cope with a general disease."

Oertel and Hueter try to prove lately that diphtheria begins as a local disease, and develops afterwards into a general one, insisting that the general infection is sustained by the local process. They claim to be the first who discovered that the diphtheritic exudation and subjacent diseased tissues, and even the blood, contained vegetable organisms or bacteria, to which the name of *micrococci* was given.

Von Grauvogl cites Prof. Hillier of Jena as the first who discovered that the so-called diphtheritic membrane consists principally of cells of ferment and microscopic fungi which grow between those cells. These fungi or *diplosporium fuscum* belongs to the family of the *penicilium glaucum*, common mold — live and grow in badly ventilated localities where organic matter is allowed to accumulate and undergo decomposition; also in damp, cold, dirty dwellings. Whenever the spores of the fungi find a congenial soil, there they grow; when they appear in the mucous membrane they at first are superficial, but soon its roots penetrate deeper into the sub-mucous tissue compressing its minute vessels and producing mortification and sloughing." This fungi is not what Oertel calls *micrococcus*, *bacterium termo*, or *spherical bacteria* and whose presence in the fauces, etc., accounts for the generally accepted local treatment of this disease by those who are inclined to consider it the cause and not the effect of diphtheria. The *microccoci* are not to be confounded with the organisms of Haller, who applies the term to one of the higher forms of yeast (ferment) fungi.

As a last quotation: "The sanitary committee of the health department of this city, Dr. Stephen Smith, chairman, reports, that diphtheria is caused by the inoculation of the air passages with the diphtheritic poison, which, from this point, infects the whole system; the local inflammation is attended with the formation of membrane (exudation); the fever and general symptoms are the result of this local infection." This is the old school *ultimatum.* As you see, we find different opinions whether the local disease is the cause of the general infection, or if it is only an effect of a pathological state of the blood, poisoned by this micrococcus, fungus or bacteria, as you may please to call it, acting already on a predisposed individual, or subject to the strong and constant influence of these vegetable parasites. These differences of opinion allow two distinct theories, and the arena where they must be ventilated is at the bedside of the patient; for, according to the treatments based on each one of these views, the result shall be more or less satisfactory.

There is no doubt that diphtheria must be considered as a miasmatic contagious disease, producing a local as well as a general disease with secondary processes or *sequelæ.* In what way this miasm, and under what circumstances it seems to reach the circulatory current and produces the severe constitutional disturbances that it gives rise to, is an open question which is not yet satisfactorily solved. On the other hand its contagious nature cannot be entirely denied, and is induced by contact with objects and persons infected with the disease; but I maintain that unless the person is liable to acquire the disease by some predisposing susceptibility, or by immediate inoculation, the action of this miasm is neutralized by the vital status of a normal condition of health. Raue is of the opinion that it is *not contagious*, but conceives easily of an epidemic cause which may produce more or less contamination of the atmosphere, thus rendering susceptible persons liable to contract the disease. "It seems necessary for the development of diphtheria that the individual should afford a congenial soil in which the specific cause may develop its specific effects." Its occurrence may be in different ways, sporadically or isolated cases, epidemically, and may become endemic in certain places where favorable circumstances of locality are present, as in this city, for example, where it has been observed for more than two years with more or less intensity, according to the seasons. Diphtheria is not confined to climates, it has been observed over the whole surface of the earth, and the nature of the soil does not seem to exert

much influence on its manifestation. This disease, generally, chooses for its victims children, who seem to afford the most favorable soil for its development, causing the greatest mortality amongst those of two, three and four years of age; being rare in the first half year of life, often in the adult, who generally acquires it with facility, but the mortality being insignificant; while, with the first years of life, it increases in danger according to the age; the younger the child the less resistance, consequently the increased danger of a fatal issue.

Diphtheria has been divided in several classes or forms called the catarrhal, the croupous, the septic, and the gangrenous, but I am inclined to consider it an entity of a fixed nature from beginning to end, and that the named classes are only variations or modifications according to different circumstances and irregular manifestations of development, depending in its more or less severe course and ravage according to the treatment instituted for its eradication. The diphtheritic process may attack the nasal passage, the buccal cavity, the larynx, the bronchi, the æsophagus, the stomach, the vulva, vagina and rectum, the prepuce, and wounded or abraided surfaces in the skin. However, it manifests itself with preference over those portions of mucous membrane which line the respiratory passages; its progress to other parts is by its infectious presence, by contiguity, or by abrasion of the mucous membrane; the characteristic manifestation of the disease being on the tonsils, uvula, palatine arches, pharynx, nasal passage and larynx, which may be singly, successively or simultaneously attacked. The micrococci, or the diphtheritic miasm, once fixed at a point, it radiates from there throughout the whole body, according to the experiments made by Oertel.

The diagnosis of diphtheria is not a difficult one, particularly during an epidemic, though in isolated or sporadic cases it is sometimes not easy from the first examination to arrive at a decisive conclusion. The prognosis must be always guarded, for the disease in question cannot be trusted; it needs careful watching and observation; and it often happens that apparent slight attacks in the beginning, suddenly or gradually take a malignant form, or the most grave and dangerous of all, laryngeal or croupal form.

Diphtheria has no tendency to a spontaneous cessation; unlike the majority of zymotic diseases which course is limited to definite length or period, after which they naturally subside, the physician may wait, and is not expected to perform a cure in much less time than their regular course and duration admits; but with diphtheria it is quite

the contrary, for its duration is indefinite, its course variable, and subject to many vicissitudes, and it never subsides or ceases by itself. This disease must either be cured by the specific action of remedies, or thrown off by the arousing of the vital energies.

I will dispense with a description of its symptoms, course, complications and sequelæ. You have heard of them before and have had opportunities enough to witness them at the bed-side of the patients. What seems of more importance to me is in what manner the treatment of this dangerous and fatal disease must be instituted, and under what theory our treatment has to be based, so as to avoid mortality, and proceed sure, without vacillating, to cope with the disease, even in its worst forms.

As said before, there are two views or theories about the origin and course of diphtheria. For many, it is a local infectious disease, which proceeds from its local manifestation to poison the organism, producing secondarily a train of symptoms peculiar to the disease. The treatment consequently is mainly local, and antiseptic, with tendency to destroy by all means the formation of pseudo-membranes in the throat as the *focus morbi.* To others it is a specific disease, affecting primarily the blood, and having a specific or special pathology, showing constitutional symptoms before or simultaneous with the presence of pseudo-membranous formations which are considered as an effect. The treatment consequently is directed entirely to the specific virus in the system by internal medication, and only interfering with the membranes in case they should impede deglutition or threaten life by mechanical obstruction of the air passage. To the first theory and treatment our opponents of the allopathic school adhere with tenacity. To the latter view the generality of homœopaths conform their treatment. The mortality and statistics will show who is in the right path.

But here allow me to make a few remarks for your consideration and discussion. If diphtheria is a *local* disease, it is logically deducted that *local* treatment ought to cure a great per centage of cases of real diphtheritis. As soon as a follower of that theory notices a small suspicious point or patch in the fauces, during an epidemic of diphtheria, he proceeds *secundum artum* to apply the local medication and to give the required antiseptic internal treatment. But what is the result, gentlemen? Instead of the disease arresting its course, instead of seeing the patch disappear, we readily witness new exudations reappearing in the same spot or where the

mucous membrane has been abraded or irritated by the local application, aggravating the case, or producing inmediate metastasis to the larynx or bronchi; and the same proceeding is repeated over and over again until the patient succumbs, which is very often the case, or runs the full and painful course of this disease, being left with a tedious convalescence. I speak of real specific diphtheria. If that were the proper theory and treatment for it, the patients ought to be well in a few days, no sequel ought to follow and the mortality ought to be very slight indeed. We see just the reverse in the allopathic ranks where that practice is prevalent, being the *sine qua non* of treatment. Day by day we see case after case getting well soon and safely, where no local treatment or local medication is used. We see that homœopathy saves many more cases afflicted with diphtheria, and that without any topic escharotic treatment whatever. Is this great difference due to leaving nature undisturbed, as our opponents want us to believe, or to our specific internal medication? If it is the first, which I deny, why not abandon the local treatment as most pernicious, and adopt the so-called *expectant treatment;* if it is the second premise, which is undoubtedly the case, let them learn better, master therapeutics and materia medica, putting aside their materialistic spectacles.

On the other hand, is it not highly injurious to shock the system and frighten the young patients with these local manipulations so often repeated? Let us take for example any disease where every three or four hours we start, frighten and shock the nervous system of our patients, and there will be no difficulty in observing what negative results we shall obtain. Is this not the same procedure of local treatment on children attacked with diphtheria?

We know that strong emotions of any kind neutralize or arrest the beneficial effects of remedies; what shall be the result of such treatment, allowing that internal medication is doing any good? It will be obvious that the favorable effect is destroyed every time, and that the physician is tampering with life and nature in an unjustifiable way. Why, the entrance alone of such a physician in the sick room is enough to upset the frightened child, before he puts the whale-bone, sponge and caustic, or local application in the throat, which has to be done by force, fear or coercion in the majority of cases. In such a grave disease as diphtheria is, we must not wonder at the apalling results of such treatment.

Viewing this subject in its proper light, let us, followers of

homœopathy, abandon entirely this kind of medicated local treatment, and let us use only brandy or alcohol, if necessary, in the form of spray or gargle, as a solvent to aid the early detachment of the exudations, relying on internal specific medication. In this I fully indorse Dr. Von Grauvogl, from whom I learn this application.

The remedies recommended for diphtheria by homœopathic physicians, include a period of some fifteen or twenty years of the development of its therapia, and are the following: acon., apis, acid carb., acid mur., acid nitr., ammon., caust., arsenic, arnica, arsen. jod., bellad., bromium., bryonia, cantharides, capsicum, carbolic acid, carbo veg., camphor, crotalus, croton tigl., ferrum mur., hepar, iodine, kali bichrom., kali permang., creosote, gelsemium, lachesis, lac caninum, liquor calcis chlor., lycopod., mercur cyanuret, mercur jod., plumb. jod., phytolacca, sanguinaria and sulphur — thirty-six in all. Of all these remedies, only bryonia, cantharides, chloride of lime, kali. bichrom., ammon caust., bromium and mercur cyanuretus have produced, with poisoning and physiological experiments, the membranous exudation. The local applications used and recommended by both schools, are: sulphurous acid and water, alcohol, permanganate of potassa, liquor calcis chlorinatœ, carbolic ac., sulphate of iron, sulphate of copper, chlorate of potassa., hypochlorite of soda, hyposulphite of soda, crude powdered sulphur, alum, Lugold's solution, nitrate of silver, chlorine water and salicylic acid. These substances, diluted proportionally with water, and sometimes glycerine, and often mixed. Of these medicines, those considered to have, beyond doubt, the property of destroying by contact the vegetable organisms (bacteria) and pseudo-membranous formations, are: alcohol, fresh chlorine water, carbolic ac., permanganate of potash, oil of thyme, and perhaps salicylic acid. It may be interesting for us to reconsider the constituents of these so dreaded pseudo-membranes, and I shall quote from Oertel the following microscopical description: "The structure of the pseudo-membrane consists, on vertical section, of the following: The upper layer, for perhaps a third of its thickness, consists of broken down epithelium, flakes of fibrine and of fibrinous twigs and branches, crowded closely together, forming great open spaces and alveoli, with a stellate arrangement, in which considerable colonies of micrococci have been deposited in balls and spherical masses. Also between the single branches and twigs micrococci are still discernible, scattered in nests and strips. Towards the second third of the membrane, the single branches and twigs of

the fibrinous network are gradually lost, numerous pus corpuscles infiltrate their single meshes, and are constantly crowding up; the fungus growths, too, keep diminishing, so that ultimately the under half of the membrane consists merely of pus corpuscles, thickly crowded together, and scanty coagula, the whole forming a thick wall of separation between the primary pathological products and the mucous membrane itself."

Let us come back again to describe the treatment of diphtheria by internal specific medication. Of the long list of thirty-six remedies that you have heard, it will not astonish you to hear that very few indeed will sustain the proof at the bedside, and be of real value in neutralizing and destroying its specific poison; perpetuating thus in the mind of the physician the excusable anxiety of this justly dreaded disease. These remedies, according to my experience, are lachesis, lycopodium, kali bichrom., apis and sulphur, given in single form, without alternation, and in dilutions from the 30th to the 200th, according to their particular characteristic indications. It is equally remarkable that out of a legion of local applications, so very few have the power of dissolving and destroying by contact the pseudo-membranes. The best of such undoubtedly is alcohol, and for homœopathic practice it is the more convenient, for its use will not interfere with or neutralize our internal medication.

Before proceeding to give you the particular indications for the remedies named, let me warn you against the indiscriminate and common use of aconite and belladonna in the febrile or premonitory stage of diphtheria. Neither of these remedies is homœopathic to real diphtheritis, and if given to allay the fever, cerebral symptoms, or the tumefaction in the tonsils, which latter is not great in the beginning, their employment produce dubious or negative results, and will entail a mere loss of time that either produce fatal results or allows an unchecked progress of the disease, jeopardizing the life of our patients. Diphtheria is such a destructive disease in the generality of cases that it does not allow blunders on the part of the physician without manifesting it in assuming a dangerous form. The great prostration, the absence of restlessness in the onset, the condition of the mind, the comparative passive state or erethism in the circulatory system, compared to that of aconite in other febrile diseases, the fibrinous condition of the blood, and the marked absence of adynamia are plain contradictions for aconite. Though belladonna may be seemingly indicated for the tumefaction of the tonsils,

in diphtheria the swelling is not so preponderant in the beginning and it is of a more œdematous character, indicating apis instead. Belladonna is not adapted to membranous deposits, but folicular, catarrhal or scrofulous engorgement with a tendency to formation of abscess (quinsy sore throat). The febrile state has its very marked differences — only in rare cases where cerebral congestion, produced more by idiosyncratic peculiarities or chronic inability, than by the diphtheritic disease, belladonna may be of some use in the beginning, though I prefer apis. Like all zymotic diseases the fever is only *one symptom* of the whole; it is the protest or the natural effort of the organism to throw or cast out the miasmatic agent in the form of some intangible organic product or element whose presence in the body gives rise to a particular pathological condition, with its peculiar train of symptoms. Of what use is it then to choose one remedy to counteract only a single symptom by medicines which have no physiological nor homœopathic bearing on that miasm the *fons et origo* of the disease. On the other hand, it is highly dangerous for the patient, to lose your time in the beginning of these diseases by employing aconite, belladonna, gelsem. or Schüssler's Ferrum phosphoricum, instead of the one specifically indicated; for twenty-four or forty-eight hours lost in this way in the beginning of true diphtheria will produce always a severe, protracted and very dangerous form of the disease in question. It is much better, if we like to allay the fever or cerebral irritation, to apply the hydropathic treatment, in the form of sponging the body in luke-warm water and soap, plenty and often, followed by a thorough drying. A cold water compress on the forehead or around the throat is invaluable in this disease, kept up and renewed day and night, and a fresh and abundant supply of air while the disease is on the increase.

The following characteristics and symptomatic indications for true and real cases of diphtheria have come under my personal observation attending subjects of different ages and of different state in society — where I have the opportunity of corroborating them again and again — with the exception of lac caninum which I now introduce in this lecture with the object of calling your attention to it for future study and trial.

The first medicine in importance to me, is lachesis. The patient will show a marked prostration, pain in the bones and debility, complaining of sore throat and feeling like a lump or foreign substance, which induces empty and painful deglutition. On examination of

the throat, the left tonsil shows to be the seat of a grayish patch, or several small ones, while the right side is entirely clean, or may also begin to present traces of some spots. The pain when swallowing, will be referred to the left side, the tongue is moist, bearing the imprints of teeth, or is cracked, and from the buccal cavity often flows a profuse saliva.

The sensibility of the neck and throat appears after some time, the swallowing of liquids is painful and difficult, escaping through the nose in advanced stages of the disease. Frequent waking up at night and starting as if choking, fever, and swelling of the glands around the neck, more on left side and more painful with great sensibility of the cutaneous nerves to the least touch, particularly around the neck, with marked aggravation of the symptoms *after sleeping*, in the morning and evening. The disease begins on the left side and spreads to the right. The condition of the mental symptoms, or the state of the patient's moral disposition is very interesting to observe and note carefully in this disease as in any other; for the rule given to us by Hahnemann about the great importance of such signs in disease holds good at present as it was then, and it is a very sure guide for the exact selection of the remedy.

In lachesis the patient is not apparently cross or irritable in the beginning, but after one or two days of the disease shows signs of irritability of temper, cries when angry, and gets impatient about the *great dryness of the throat when awaking*, and when he has to swallow or to be examined. However, this condition never reaches to the pitch of excitement and irritability in which lycop. is indicated.

I deem next in importance lycopodium. When seeing the patient you will notice that the prostration is not marked and he complains of muscular pains all over the body and sore throat. On examining the fauces, you will find the *right tonsil* or right side of palate studded with small grayish patches of a pearly hue, or yellowish, or one or two large pseudo-membranous deposits. The fever slight, though in hours it increases, and is attended with restlessness, headache and pain in throat *very severe. The stoppage of the nose increases*, inability to breathe through it, keeping the mouth open, the tongue protruded covered with a thick white fur (and swollen in an advanced stage), *giving an idiotic expression to the countenance.* Spits often a tenacious, lumpy, whitish phlegm detached from the throat and posterior nares. The disease progressing, he gets *very*

impatient, is very irritable, particularly when waking from sleep, gets furious at the least contradiction, or jumps up in bed, and is afraid of dying or suffocating. There is inactivity of the bowels, followed by offensive brown diarrhœa. Aggravation of all the symptoms from four to eight P. M. Dislikes warm drinks, because they make the pain worse. The swelling of the submaxillary glands or connective tissue is slight; the adynamic state is not so marked as in lachesis; the restlessness is like the rhus restlessness but without thirst; a gurgling, *rumbling sound in the left side of bowels*, escape of flatulence, and *red sand* (*uric acid crystals*) *in urine* are very common concomitants. The disease begins *in the right side*, remains there, or passes over to the left.

For kali bichrom, I consider reliable the following indications: The manifestation of the disease is insidious, the fever and prostration are slight the first few days, and the child seems to be doing very well, when a *constant, hacking, dry cough with pain in the ear* (either right or left), and roughness of the voice will call your attention. The exudations are generally extensive well organized membranes, exciting much cough, and with a marked tendency to the posterior nares, eustachian tubes and larynx, producing aphonia, otitis, and epistaxis, which are ominous symptoms. The saliva and expectoration are *adhesive and ropy, yellowish coating, or yellowish brown fur on the tongue*, the discharge from the nostrils *tough and stringy.* Both sides of the throat and uvula are equally invaded, and the fœtor is well pronounced. The sphere of action of this remedy is better developed when the disease *is located in the larynx*, and there is a sympathetic irritation of the bronchi. It is far superior to bromine which will leave you in the lurch oftentimes. Seldom we begin the treatment with this remedy, unless diphtheria should affect simultaneously the throat and larynx, which is of rare occurrence at the onset. Diphtheritic croup, or better still, diphtheria in the larynx is the worst aspect and form of the disease. It is very common to see in cases of diphtheria the uvula implicated in its process; it then appears swollen twice or three times its size and length, surrounded by a translucent collection of fluid (œdema), and gradually is covered by exudations which in a short time have taken the form of a consistent pseudo membrane reducing slightly the swelling. I have no doubt that the same state of things occurs when the larynx and glottis are involved or first attacked, producing a diphtheritic œdema of those organs threatening and accomplishing asphyxia in a short

time. In such a case I do not hesitate to perform tracheotomy, while I continue with the administration of kali bichrom; the sheet-anchor in this grave complication, until the swelling is reduced or checked, and the air passage clear. I believe that tracheotomy, after other means fail, with our system of therapeutics has more chances to be successful, and ought to be practiced more than it is at present when the mechanical obstruction and swelling of the parts more than the disease in itself is producing asphyxia. Time would be gained, and our internal treatment would do the rest.

Apis. — The characteristic indications for this medicine in diphtheria are the puffy, œdematous, bright red color, and glossy appearance of the parts, as if they were varnished. The submaxillary glands and connective tissue around neck, face and chest are swollen and puffy; comparatively little pain in throat, and swallowing not very painful. Pain in the head and neck with periodical aggravation. Fever and slight chills when moving around, worse at four P.M. In severe cases great prostration and comatose condition, as if the economy were fully saturated with the poison. The following I quote from Fetterhoff, to complete the indication for Apis: "Diphtheria coming on quite unperceived and progressing so insidiously as to offer but little hope of relief, even when first seen. Painful urination; slight tenesmus; numbness of the extremities; high fever; moist skin; usually very nervous; sometimes slightly delirious; the false membrane had a grayish appearance and was tough. Some of the most malignant cases had no foul breath; some cases had thirst, others not much;" and let me add that if you examine the urine and find *albumen* it is a key-note for this remedy.

Sulphur. — I have never used this medicine *alone* for diphtheria but as an intercurrent, and in that way I have been fully satisfied of its beneficial results. In cases where the disease has begun on the left side and lachesis has been prescribed, I am inclined to assume that sulphur has well developed the action of that and other remedies, and many cases have run a milder course. Diphtheria, like scarlet fever, has a tendency to arouse the latent hereditary miasmatic taints of scrofula, syphilis, and Hahnemann's psora; but sulphur undoubtedly has the property of subduing and keeping at bay, if not destroying, their dangerous influence in acute diseases; hence its great value as an intercurrent in diphtheria. Sulphur, besides, has the prostration of strength very marked; sore throat with great burning and dryness, beginning on right side and going to the left.

Sulphur has many analogies with lycopod., which Goullon calls the vegetable sulphur, and we have seen already what important remedy it is in this disease. Dr. Pearson, of Washington, says in an article on malignant diphtheria: "If we can rightfully speak of any thing as being a blood disease, diphtheria and membranous croup should undoubtedly be classed in that category; hence sulphur should never be lost sight of in their treatment."

As a local application diluted alcohol has proved to cover all the requisites of a reliable, uninjurious solvent of exudations, used in gargles or better still in the form of spray, with the common bulb atomizer. For internal use I am in the habit of mixing two teaspoonfuls of homœopathic alcohol (about 90°) with the solution of the medicine employed; it keeps it fresh, and, as alcohol goes into the circulation as such, it is my belief that it must have some beneficial influence in destroying bacteria when found in the circulatory system, not yet having observed any bad effects from its use in this form and quantity. For other adjuvanta I have adopted and enforced the free and bountiful supply of fresh air in the sick room (temperature about 65° F.), the grate or chimney fire, washing or gradually bathing the body with soap and water during the fever, the cold, wet compress around the neck, change of personal and bed linen every day, and the prompt removal of all expectoration, evacuations and fomites. A nourishing diet, composed of beef-tea, clam or oyster broth, milk, cream, raw eggs beaten with milk, wine-whey, wine jelly, the quantities regulated by the appetite, and as much water as thirst demands. As disinfectant in the room I used to employ the chloride of lime in powder or solution, and carbolic acid; but since becoming acquainted with the salicylic acid I use it in solution of water and alcohol, hanging in the room pieces of muslin saturated with it. It is a thorough deodorizer, the alcohol imparting also a pleasant smell to the room. The lime and carbolic acid are ordered to be put in the halls, bath-room and water-closets.

These, therefore, have been the few remedial agents used in my cases of *true, specific diphtheritis*, and the mortality experienced has been about seven per cent according to my notes, and including the first fatal cases with this disease, when experience with the remedies was wanting and the many numbers of them recommended (36), only helped the confusion in early practice. Allow me, however, before finishing, to call your kind attention to three more remedies which deserve study, and proving to establish their true correspond-

ence with the disease in question, and which, undoubtedly, have proved valuable in saving many a dear life.

These medicines are liquor calcis chlorinatæ, mercurius cyanuretus and lac caninum, which we shall examine in detail.

Liquor calcis chlorinatæ was introduced by Dr. Neidhard, in 1867. The number of cases of diphtheria reported cured by this remedy induced me to try it in a very severe case from the beginning. The subject was a child two and a half years; the disease was insidious, began in the schneiderian membrane and extended downwards to the larynx, and he got well slowly. As sequel he had paralysis of the palatine arches and lower extremities, with convergent strabismus, all disappeared without medication in two months. The aunt of this child, thirty-eight years old, of weak constitutional powers and delicate, took the disease, I think by contagion, for she lived on the same floor at the time and handled the child often. She was put immediately under liquor calc. chlor., but she died about the fifth day with all the respiratory organs intensely affected by the disease. Carbolic acid inhalations the last day, prescribed in consultation with another physician, did not produce the expected benefit. In both cases I employed the formula recommended by Neidhard.

It is to be regretted that we have no provings yet of this medicine, and that its use should be almost empirical; however, the strong evidence in favor of its use and results is a good reason to keep it in mind, so as to prescribe it when other indicated remedies fail, though I confess it is stepping in the dark, for, as I said above, the characteristic indications are sadly wanting, and when there is no individualization followed by the correspondence with the drug disappointment will be the result.

Mercurius cyanuretus.—Dr. V. Villers first recommended this medicine as of great importance in diphtheria, and its efficacy has been corroborated in France, England and this country. We have only cases of poisoning and imperfect provings, but clinical data sufficient to demonstrate that this agent has physiologically produced the pseudo-membranes in cases of poisoning, and has also cured severe anginas and malignant cases of diphtheria of the worst type. Being a very active poison its use has been from the sixth to the thirtieth. Further experiments shall give the characteristics to guide us; at present we shall base our selection on the following symptoms: "Diphtheria maligna with lips, tongue and inside of cheeks dotted

with ulcerations, covered by a grayish-white coating." "Salivation profuse, thin, fœtid, and excoriating the surrounding parts," like arum tryph. "Great difficulty of swallowing." "Phagedenic ulceration and gangrenous diphtheria." The real indications for this remedy seem to be the *great malignity of the attack, with greenish exudations, horrible fœtor, and extreme adynamia.*

Lac caninum.—The last but not the least. This natural product of a physiological function in all mammalia has been introduced and elevated to the rank of a remedy by Dr. S. Swan. Lac caninum, or bitch's milk, is claimed to be a capital medicine for diphtheria. If lactic and lac defloratum from cows are considered to-day leading remedies for diabetes, the acid being valuable also in morning sickness of pregnancy and croup, and if Koumiss, or fermented milk, is proving an excellent restorative, there is no reason why another kind of milk might not be a therapeutic agent for some other diseased condition. To sustain this assertion, let me call your attention to the reports of several colleagues who have employed it successfully: "Dr. A. K. Hills asserts that the medicine cured promptly a child whose brother died of diphtheria, after apis had failed. The case presented partial suppression of urine, a sore throat of an œdematous character, the tonsils badly swollen, and great indisposition to take food or drink. In forty-eight hours lac canin. cured this case."

Dr. Pierson, of Harlem, has also tried it with success, and here is a fine case from his practice: "It was a very bad case of relapse from diphtheria. The subject, a lad, stole out of doors as soon as he could walk, and, in a raw March air, took a severe cold. Symptoms: High fever, pulse 130, eyes injected, tonsils enormously swollen, filling the entire pharynx, excessive tenderness to external touch, *very foul or putrid odor from breath*, he was very impatient and fretful, demanding what would be refused when furnished to him. A constant sense of suffocation, delirium and great distress from swallowing food or drink. Gave lachesis every hour in water. Twenty-four hours later he was still worse, if possible, when as a *dernier resort* he prescribed lac canin.^{cm} hourly in water, because of *the excessive fetor* from the mouth. Result, convalescence in twenty-four hours.

Dr. J. Finch has kindly communicated to me that he has employed the lac can. successfully in more than a dozen cases with surprising and pleasing results. Has used it after other remedies have failed, and also from the beginning. He personally related the case

of his wife, lingering with the disease for two weeks, getting more and more prostrated, and becoming alarmingly sick. The throat was dotted with small diphtheritic patches, all over the throat, and after forty-eight hours of the exhibition of two doses of this remedy there was not a trace of the disease and she declared herself cured.

In the North American Journal of Homœopathy, vol. XXII, page 252, two cases are reported of diphtheritic sore throat, one of a severe form, cured with lac canin. by Dr. Baylis, of Astoria. The same doctor lately wrote to me the following: "I have employed the remedy in a number of cases of diphtheria when other remedies were not clearly indicated, with surprising success. In other cases, during the last epidemic of diphtheria, it failed to produce a cure," and logically he deducts that, the want of knowledge of the proper characteristics and the exact symptomatic indications has to account for that.

Therefore, this also proves that though the medicine is a good and reliable agent to cure diphtheria, it ought not to be prescribed at random or on general principles, nor that it is a specific which is going to cure all the cases, when other medicines are clearly indicated. What is needed, then, is the special physiological and characteristic homœopathic indication that should guide us in the selection of the remedy, so that the law of correspondence should be entirely covered. To this purpose I have encroached perhaps on your valuable time to-night, and called your attention to this drug, hoping that in future with your co-operation we shall have clinical data and observations enough to strictly individualize with it. Following these principles we shall in time remove from this disease all the vacillations and anxieties that attend its treatment, both for ourselves and the public, and the gainers after all will be science, homœopathy and humanity.

PART II. SECTION IX.

REPORT OF THE BUREAU OF HISTOLOGY.

S. P. Burdick, M. D., New York, Chairman.

C. A. Bacon, M. D., New York, with invited co-operation of A. Varona, M. D., Brooklyn.

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PART II. SECTION X.

REPORT OF THE BUREAU OF CLIMATOLOGY.

A. R. Wright, M. D., Buffalo, Chairman.

T. L. Brown, M. D., Binghamton.

A. P. Throop, M. D., New York.

R. Boocock, M. D., Rockville Center.

B. F. Cornell, M. D., Fort Edward.

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XL. The Soil, Surface and Climate of Warren county, by A. W. Holden, M. D.

XXXIX.

Report on Climatology.

By A. R. WRIGHT, M. D.

The Bureau of Climatology would respectfully report that they have taken for their subject of study this year the "Relations of Disease to Surface Conditions." In this country, where so little attention has been given to vital statistics, it is impossible to make any correct comparative study of climatic effects in different localities. The subject is of great interest to the medical profession and *may* be of immense value to the public generally. Yet, in this State only a few of the large cities, not more than eight, publish even an annual mortuary report. In some parts of Europe vital and sanitary statistics are so well kept that sanitary science may be studied with almost the same precision as any other.

We propose three factors for the study of our problem: First. The sanitary condition of the surface. Second. The meteorological changes. Third. Annual mortuary reports. The quarterly reports of our United States signal service being always obtainable and having a fair prospect of a registration act which will give us annual mortuary reports, we have thought best to confine our work to obtaining facts on the sanitary condition of the surface throughout the State. We have sent circulars to every locality asking, first, of its topography; second, of the composition of the soil; third, of surface drainage, ponds, stagnant water, etc.; fourth, of defective drainage and sewerage in cities; fifth, of rainfall, fog, overflow of lowlands, etc. In answer to some of these circulars we have received valuable and full reports on the climatology of some of the counties of the State. To copy them entire would swell our report to an impracticable size, and we have reluctantly condensed them to a great extent. On the other hand, from some districts it has only been after repeated requests that we have obtained brief answers, while from a few counties we have as yet received *no* intelligent report. But these are mostly localities in which no sanitary defect is suspected. In the following sanitary chart *noxious* influences *only* are reported, the counties reporting no *unhealthy* localities being omitted. Very much of the

topography, soil, surface drainage and marshes has been compiled from reliable State gazetteers. Many interesting facts have been reported to us on the bad effects of surface drainage on wells, locations of malaria, effect of marsh lands, etc. Our principal object has been to discover the apparent *avoidable* causes of disease that we may suggest their speedy removal. Diseases arising from meteorological conditions are interesting as a study, but since we have no control of their cause, there is not the same incentive to investigation, as on the subject of *avoidable* causes. With successful endeavor in abating these nuisances, the members of the medical profession would make themselves the true conservators of the public health.

In making observations on districts of territory, we may suspect any that have a rolling or gently undulating surface, with an underlying impervious stratum of clay or rock. However elevated such a district may be, as on the Catskill mountains, the configuration would naturally promote the formation of marshy land in all the depressions of surface.

In preparing this chart we have kept in view a general idea of the topography of the State, especially the three mountain ranges, the first or most easterly entering the State through Rockland and Orange counties and forming the high lands of Putnam and Dutchess counties and *the* Highlands of the Hudson; the second series running north-east through Sullivan, Ulster and Greene counties, terminating in the Catskills, the Shawangunk mountains being an eastern range of the series. The third series enters from Pennsylvania and runs north-east through Broome, Delaware, Otsego, Schoharie, Montgomery and Herkimer counties, to the Mohawk valley, and extending north-east terminates in the Adirondac region.

West of these mountain ranges as series of hills from the Alleghany Mountains occupy the entire south half of the western part of the State. Throughout all this region, from the Chautauqua hills to the Delaware river, the valleys are generally deep and narrow. Through July, August and September, many of these valleys are liable to occasional dense fogs, forming from 3 to 5 A. M., and lasting till 9 to 10 A. M. We have not been able to note any deleterious influence from them, except where they gather over a marshy lowland.

The irregular line that forms the north boundary of the Alleghany hills forms the water-shed that separates the north and south drainage. From this line north to Lake Ontario there is a gradual decline by terraces.

Albany.

Surface is undulating and hilly, and rises from the Hudson river to the Helderbergh mountains.

The *soil*, on the intervales, is a deep alluvial loam. Eastern part sandy; western, clayey loam and clay, with a hard-pan subsoil. Increased rain fall, fog, ice and overflow of lowlands cause slight increase in rheumatic affections.

Alleghany.

Mountain ridges and upland, broken by deep valleys. Toward the north, hilly.

The soil on hills is heavy clay; in valleys, gravelly loam and alluvium.

There are some mill ponds in the county, which, with evaporation from the alluvial flats, are supposed to be the cause of much rheumatism in their immediate vicinity.

Chautauqua.

From a bluff twenty feet high along the shore of Lake Erie, a level or undulating tract extends back three to six miles to the hilly uplands.

The soil on the lake shore is clay loam, with occasional ridges of gravel.

Of all that part of the county south of a line through Mayville, at the head of Chautauqua lake, C. Ormes, M. D., of Jamestown, from forty years' observation and constant medical practice, says:

The central part of our county is hilly, or undulating, the southern part not so acutely undulating, but high hills and deep valleys, traversed by comparatively large streams, and rather slight, cold air, and heavy fogs are quite prevalent in these valleys; temperature varying from five to eight degrees in the valleys and on the hills, valleys being coldest, and consequently we frequently find our epidemic diseases more malignant in the valleys than on the hills; especially this is the case with rheumatism and scarlet fever. We also find pneumonia more prevalent in the valleys than on the elevated lands.

Our soil is variegated, composed of clay loam and sand; about the lake, clay and loam predominates, and in the more southern part sand and clay; rheumatic affections more prevalent on the clay soil, and diseases of the respiratory organs most prevalent on the sandy soils. The *natural* surface drainage in the northern and eastern part of this section of the county is *par excellent*, in the south-western

part, on the Conewonga and Stillwater, heavy overflows of water, and fevers of an intermittent form and malignant type follow in autumn, after summer and spring inundations.

Our lake is the principal body of water, clear and pure, marshy near Ashville, on west side of lake; no disease prevails by stagnant water, as Ashville is the most healthy little town in the county; low land at the lower end of the lake, but no more disease in the immediate vicinity of it than in the hills surrounding it; have no stagnant water. Cassadagua creek, in the south-east, rather a slow stream, but no perceptible effect on the health of the immediate locality.

The lower part of Chautauqua lake is rather subject to hay fever, and more especially when south-west winds prevail, while the high lands in the immediate vicinity are free from it.

The city of Jamestown is situated at the foot of the lake, on both sides of the outlet of the lake, and more of a ravine than valley, the hills running down, sometimes, in a gradual slope, and at others in abrupt, steep termination, almost to the river's bank, apparently an excellent natural place for drainage or sewerage, but in these we are sadly deficient, and much of our sickness is attributable to bad drainage, and our otherwise healthy town would be almost exempt from sickness were it not for this imperfect drainage.

Fog in our valleys I believe to be a prolific source of catarrhal affliction. Overflow of streams in the spring produce no sensible effect on diseases, but overflows in June or July are frequently followed by epidemics of dysentery or malarial type of fever.

Temperature has much to do with prevailing diseases in this part of the county. A cold south-westerly wind in early spring and autumn, are a very frequent source of coryza and catarrhal pneumonia.

The above are some of the *rough* pecularities of climatic and hygienic *afflictions* of our section of Chautauqua county, all of which are respectfully submitted.

Cayuga.

Surface of the northern half is level, of the southern half rolling.

The soil of the northern half is a sandy or gravelly loam, mixed with clay, muck and alluvium; of the southern half, gravelly and clay loam.

In the northern half are numerous and extensive marshes.

Cayuga and Owasco outlets flow sluggishly into Seneca river.

Along the whole course of this river extend the Montezuma marshes. On the level part of the county is a series of shallow lakes and ponds. In the southern part is Owasco lake, Cayuga lake on the west border and Skaneateles partly on the east border.

Chemung.

Surface is a hilly upland, except a "big flat" in the center of the county.

A deep and mostly narrow valley extends from Seneca lake to Elmira, on the Chemung river.

Soil on hills is clay and sandy loam; in valleys alluvium and gravelly.

Some low lands in Pine valley has been the location of some severe epidemics, but cultivation has doubtless improved it. Some sluggish streams in the county, tending to an increase of malarial disease.

In the city of Elmira, a dangerous practice prevails of dumping refuse matter on the banks of the river, which at low water is not carried away.

Cortland.

The surface is hills and arable ridges, the north part spreading out into a high, the west part in a broad, plain.

Soil on hills is a sandy or gravelly loam, in valleys the same with slate, shale and limestone.

Some small lakes in Tioughnioga valley and near Cortlandville.

Cortlandville is subject to typhoid fever, attributed to defective sewerage and drinking water taken from streams which are the receptacles of refuse matter. Also after great freshets typhoid fever and dysentery always prevail.

The cause of these epidemics I attribute to the poisoning of our wells by the washing of the privy vaults and drains through a stratum of gravel into them. This bed of gravel is about three feet below the surface and is found in and around Cortlandville. Our drains and vaults empty into it and when the surface water runs into them, it necessarily carries the poison with it through the gravel and thus many wells are affected.

Dutchess.

Rolling and hilly upland, broken by deep valleys.

Taghkanick mountains on east side, Fishkill in the center, and rolling upland in the west to Hudson river valley.

Soil is a sandy and gravelly loam. The intervale on Hudson river has a deep, rich alluvium. A low ridge of metamorphic limestone runs north and south through the valley at the foot of the Taghkanick mountains.

Croton river rises in the southern part of the "wide valley" at the foot of Taghkanick mountains. A few small lakes in eastern part.

The following notes are reported, viz., from Poughkeepsie: "The present system of sewerage has apparently dispelled a large part of the malarial diseases, prevalent before its completion."

J. C. OTIS, M. D.

Fishkill Landing: "The fog from the mountains and the overflow of lowlands predisposes to affections of the lungs."

G. B. J. MITCHELL, M. D.

Essex.

The surface is the most broken and mountainous in the State. High rocky peaks, narrow ravines and deep gorges are the general characteristics.

The soil on the mountains is primary rock, along Lake Champlain, stiff hard clay with dark loam and gravel, a great deal of sandy soil (pine plains).

More than 100 small lakes, mostly containing deep water, are in the county.

H. A. Houghton, M. D., of Keeseville, reports: "One and two years ago during the construction of the New York and Canada Railroad, along the west shore of Lake Champlain, we had a great many cases of intermittent fever, which I attributed to the breaking up of new earth which had not been disturbed before in the memory of the oldest inhabitant.

"These cases were as frequent where the drainage was good, as in the marshes, but yielded to remedies sooner than those on the marshes."

Erie.

The surface in north half and along the shore of Lake Erie is generally level. In south half there is a gradual ascent to a hilly region.

The soil in the extreme north part is alluvial and stiff clay loam; in the middle part, loam and gravel, in the south on hills clay, and in valleys alluvial and gravelly loam.

Streams drain the whole surface well except at the mouth of the

Tonawanda creek, where there is an overflow of water at freshets causing considerable malaria and intermittent fever.

In Buffalo, a portion of the city east of Main and north of North streets, has defective surface drainage and sewerage. The sewerage of the south-east part of the city is good, but is delivered into the "Hamburg canal" a ditch of standing water and hence a constant source of danger to the public health.

In Buffalo, and all along the lake shore, the temperature, in comparison with other parts of the State, is generally several degrees lower in summer and higher in winter. In spring and autumn, minor diseases of the air passages prevail as an effect of sudden changes of temperature, and an unusual general humidity of atmosphere.

Fulton.

The surface is a rolling and hilly upland, mountainous on the north border.

The soil is a gravelly and clayey loam in south part; in north part, rock.

In the village of Gloversville are some mill-ponds, which, in connection with defective drainage in the village, are supposed to induce autumnal fevers.

Genesee.

Surface level or gently undulating.

Soil very fertile, east and north parts sandy or gravelly loam, intermixed with clay; south and west part cl ay and loam.

In west part the drainage is fair, but in some other parts the streams are so sluggish that there is an overflow of water and stagnant pools, causing some malaria fevers with bilious nervous conditions. The course of Tonawanda creek especially is very tortuous and its current generally sluggish.

Tonawanda swamp is in the north part of the county, also some sulphuric acid wells.

H. S. HUTCHINS, M. D.

Greene.

Surface broken and mountainous.

Soil, some gravelly or shaly loam, but north and east of the mountains stiff clay predominates.

"The streams are generally rapid, but there are a few pools of standing water, and almost without exception the only cases of intermittent fever are in the immediate vicinity of these pools. The village of Athens, has defective sewerage, and prevailing diseases are

confined mostly to those localities where such defect is felt. East or south wind or warm foggy weather increases disease."

S. E. CALKINS, M. D.,

Athens, N. Y.

Long Island: — Kings Co., Queens Co., Suffolk Co.

The surface is generally level, except a series of low hills extending east and west, nearly the middle of the island. The soil is generally light, sandy, with clay bottom.

The coast both north and south, especially the east end of the south coast, has extensive "salt meadows," low marshy lands partially overflowed by a mixture of salt and fresh water. The coast is greatly indented with bays and creeks, up which the tide sets for long distances. In some of the bays are islands of the same character as the "salt meadows." On some parts of the north coast are *necks*, higher land and more fertile.

In the case of these "salt meadows" we seem to have abundant proof that the intermittent fever of the vicinity gets its disease germ from malaria exhaled from these marshes. From numerous testimony in support of this theory we make the two following extracts:

"I think that most of our malarial troubles in this region originate from the 'salt meadows.' There is no other way of accounting for intermittents, which we find in certain places, except on the supposition that salt marshes produce the seeds of the disease. The intermittent does not generally make its appearance in the immediate vicinity of the meadow, but often miles away, on some elevated ground; perhaps in the very place one would select as being the most salubrious and healthy. If we accept the malarial theory it is supposable that these sporules or malarial seed, or whatever you may call them, are lifted above and away from their birth place and carried to the distant hills. I am confident that the intermittents on this plain are produced from the 'salt meadows.'"

C. A. BELDEN, M. D.

Jamaica, L. I.

"My own experience and that of my father, on Long Island, have convinced me that malaria pervades the regions of salt as well as fresh-water marshes, but the former being usually traversed by considerable creeks are often more susceptible of effectual drainage. The salt quality of the water certainly does not prevent vegetable

decay, and inundation of the meadows effects the deposit of numerous pools of stagnant water. The prevalence of malarious diseases in our vicinity has been much diminished by draining the meadows watered by Lamerich creek, about four years ago. Since placing a flood-gate at the mouth of this inlet and intersecting the meadows by numerous ditches leading into the stream, the surface has become considerably elevated under the growth of vegetation and the formation of new soil. I have also the experimental knowledge of the malarial influence of other salt meadows, as those of Flushing, Newtown and Mazpeth. In proximity to malaria, mere elevation affords little or no protection, but I have observed, when conjoined with elevation, the thoroughly defensive agency of investing trees and houses."

B. L. B. BAYLIS, M. D.

ASTORIA, L. I.

The following extract shows a different opinion on the particular germ of disease, and relates to the marshes near Hell Gate only: "The old settlers of Long Island built their houses and lived all along the edge of these marshes, on account of the convenience of the creeks, for boating their produce and provision to and from New York. The marshes were then considered healthy, as they were washed by the pure sea water at the flood. But now all these places near the city, for the same reason, are sought as manufacturing points. Oil factories, bone and fat rendering establishments, varnish, glue and chemical works, slaughter-houses and every other nuisance exist here. The refuse from these, with the sewerage waste, are stirred and troubled with every tide, and now the pleasant odor of a salt marsh is changed to the stench of a dissecting room, and malarial fevers are notoriously prevalent in those portions of the city."

W. M. L. FISKE, M. D.

BROOKLYN, N. Y.

On the district known as Bay Ridge, A. C. Burke, M. D., of Brooklyn, says: "Beyond the city limits, westward, in a section called Bay Ridge, along the shore of New York bay and around the head of the island, on southward, toward Fort Hamilton, there is a most beautiful portion of the country occupied by thrifty farmers, and interspersed by a large number of fine residences. The residents have been very much troubled with intermittent fever. The small ponds of this section dry up in the summer, and the decayed vegeta-

ble matter thus exposed becomes a fruitful source of malaria, at certain seasons of the year. In making examinations it was found that under the ordinary soil a stratum of clay exists, which held the moisture and prevented the passage through it of noxious elements, from which were developed by heat and exposure a malarial atmosphere. Efforts were at one time made to drain this land, but the malarial spots were found to be so extensive that the work was abandoned, and not enough done to effect any positive results."

A. C. BURKE, M. D.

BROOKLYN, N. Y.

Madison.

Surface in northern part is low, level and swampy, the central and southern parts hilly. The soil in northern part is a red clay, with much marl in the swampy regions; in the center, generally loam; on the south, hills, clayey, generally, and shaly loam; in the valleys, generally loam and alluvium.

Cazenovia lake is in the county and Oneida on its border.

Livingston.

Surface is upland, rolling in north part and hilly in south. Soil deep and rich, formed principally by disintegration of a shale and limestone rock. All the land is arable. The streams flow in deep ravines. Conesus lake lies in the center and Hemlock on the eastern border.

"In the western part, for ten or twelve miles along the course of the Genesee river, there is an overflow of low lands in the spring of the year. As an effect, intermittent fever prevails for a month or two in this locality."

JAS. A. WEST, M. D.

Monroe.

Surface level or slightly undulating. Running east and west through a part of the county is the "Ridge," six to eight miles from the shore of Lake Ontario, and the mountain ridge one to three miles farther south.

The soil on the lake shore is a red, argillaceous loam; farther south clay, and in the southern part is impregnated with lime and gypsum.

We have the following from Rochester: "In this city there is a wide ditch, or canal feeder, filled with stagnant water, and one and one-half miles in length, running parallel to and within a few feet of Mount Hope avenue, a much frequented street in a populous part of

the city. Connecting with said ditch are several large basins, necessarily filled with the same quality of water. The city, on the west side of the river, or the central business portion (originally a swamp), is low, even below the level of the canal, but has *good* drainage and sewerage. The east side, built wholly on high land, has *poor* sewerage. Resident physicians, who have made careful observations, report the almost entire freedom of the *west* portion of the city from diphtheria, during some or all the severe epidemics of that disease which have prevailed, while the *east* side, at the same times, was severely afflicted. The same difference is supposed to exist in regard to all zymotic diseases."

J. A. BIEGLER, M. D.

New York.

The publications of the board of health of the city of New York give such full accounts of the sanitary conditions in that city, that we think it only necessary to insert a note on the upper part of the city, by the local member of this bureau:

"In regard to the 'upper part of the city of New York,' I can say that the portion of the island of Manhattan in the vicinity of Central Park is very rocky, and when excavations of lots have not been immediately occupied by the erection of buildings, stagnant waters have sometimes remained for a few days, but for the past two or three years the board of health have compelled the summary draining of these centers of malaria; nevertheless a few cases of intermittent fever have originated in these neighborhoods. As the Harlem river is approached, the surface is depressed and the rocks disappear, and on the east side of the town in places of a number of acres in extent, the surface is but a few feet above the level of the water at high tide. These low grounds are penetrated by lagoons, whose waters, obstructed by the construction of streets, make a source of malaria in this portion of the city. In the newly-annexed portion of the city, there is some low ground alternating with that which is more elevated, the lower portion being loamy and the other a mixture of clay and gravel, while occasionally the bold rocks crop out. Here there is a great deal of intermittent fever. The drainage is imperfect. This locality depends for its water supply upon private wells, and though the Croton water has been the lowest for the past few months that it has ever been, nevertheless the newly-annexed portion, supplied, as it has been for years, by its own wells, has had more typhoid by a large proportion than on the south side of the Harlem river where Croton water is used."

A. P. THROOP, M. D.

Montgomery.

The surface is highlands and the Mohawk valley one to two miles wide. The soil along the river is alluvial deposit and vegetable mold, on the uplands sandy and gravelly loam.

At certain seasons fogs prevail in the Mohawk valley and aggravate asthmatic and catarrhal diseases.

Niagara.

The county is divided by a mountain ridge into an *upper* and *lower* level. Besides this there is the lake "Ridge," some miles nearer the lake shore, ten to twenty-five feet in height, and supposed to have been formed by the shore of Lake Ontario, extending from Lockport eastward nearly to Rochester.

The soil on the lower land is sand and gravelly loam, on the upper level it is mostly clay near the ridge, and the southern portion alluvial and loam.

D. F. Bishop, M. D., of Lockport, says, "a humid atmosphere and sudden changes of temperature, produce catarrhal affections at all seasons of the year."

Oneida.

A broad valley extends east and west through the county, and from it both north and south the surface rises into a broken and hilly region. In the valley is a rich soil of sandy and generally loam and alluvium finely tempered with lime and gypsum In the north-east part it is light sand; in the south, highlands, clay and sandy loam. In the south-east corner are several small lakes and ponds. In the southern part and on the western border, on Oneida lake, are some swamp lands.

Onondaga.

Surface of northern half is nearly level, southern half hilly.

The soil is generally rich and fertile, derived from decomposition of shale and limestone, but some northern towns have light sandy loam. In the central and northern portions the marshes are covered many feet in depth with peat and muck.

"The Seneca river traverses the north-western part of the county, and is a rather sluggish stream, the land in its vicinity being quite low and a malarious district. Syracuse lies in a hollow, surrounded by hills on two sides, and was originally a 'swamp hole' in the fullest sense of the word. It borders on Onondaga lake, the banks of which are low and swampy, yet the general health of the city is good. This condition is attributed to the salutary influence of the

numerous salt springs found here. Throughout the northern part referred to, there are, in addition to those specially mentioned, numerous tracts of low, swampy land, which are, without doubt, fruitful sources of malaria. Cicero swamp is an extensive tract of marsh on the border of Oneida lake."

J. W. SHELDON, M. D.

Ontario.

The surface of the southern portion, west of Canandaigua lake, is hilly and broken, the remainder rolling and broken by ridges.

The soil is sand, clay and gravelly loam, intermixed with disintegrated limestone and gypsum.

Canandaigua, Seneca, Honeoye, Canadice and smaller bodies of water lie within or on the limits of the county.

Orange.

Surface mountainous on south-eastern and north-western borders and rolling upland through the center.

The soil is as various as the surface. On the mountains it is light and sandy; in north-western part tough clay, underlaid by hard-pan; in the center, clay; on the hills, sandy and gravelly loam; in the valleys, gravelly loam and alluvium.

The "Drowned Lands," a tract of 17,000 acres, a low, flat region on the south-western border, has been drained and reclaimed, and is now covered with fertile alluvium and vegetable mold.

In the southern part are several small lakes.

Orleans.

A narrow sandy "ridge," supposed to have been formerly the lake shore, runs through the county parallel to the shore, and about six to eight miles distant. Between the "ridge" and shore the surface is quite level; south of it, undulating.

The soil is clay on a substratum of limestone, for a strip along the lake shore three miles wide. From this to the "ridge" it is sandy mostly, some sandy loam and a little clay. South of the "ridge" it is sand, clay and loam, about equally distributed, mixed with lime.

Tonawanda swamp, on the southern border of the county, is partly drained by Oak Orchard creek, a rather sluggish stream, giving imperfect drainage to the country through which it flows, and causing overflows on the bottom lands. To make this creek a feeder to the Erie canal, the State authorities lowered its bed. This condition causes an overflow earlier in the season; and with variations in the

amount of rain-falls, has a marked effect on the character of diseases on the boarders of marsh lands, giving all the varieties of intermittent. We think we have strong proof here of the miasmatic origin of this class of disease:

First. The prevailing winds, south, south-west and west, carry the area of disease one mile farther to leeward than to windward, from the infected district.

Second. The seasons following an unusually light rain-fall are noted by an unusual prevalence of these diseases.

Third. The first cultivation, by turning up any of these reclaimed low lands increases these diseases. As negative proof, in the district in close proximity to the lake, where miasmatic influences do not exist, there is a prevalence of pulmonary complaints, especially tubercular phthisis.

In many portions of the country the wells for family supply of water, at a depth of eight to twenty feet, penetrate the limestone rock. We think the constant use of this water favors the development of calculi and glandular swellings, especially bronchocele. These conclusions do not claim to be based on statistics, but on twelve years of practical observation.

R. S. BISHOP, M. D.

Oswego.

Surface is level or gently undulating.

Soil in northern part is light and poor, in other parts some tough clay and drift and alluvial deposits.

A considerable portion of the land in the neighborhood of Oneida lake is marshy.

Putnam.

Surface mountainous, with deep, narrow valleys.

Soil in the valleys is a sandy loam; on the mountains bare and rocky.

There is much stagnant water along the river border, and malarial diseases in that locality.

An increased quantity of rain fall diminishes the amount of disease; high temperature with humid atmosphere increases it.

S. M. GRIFFIN, M. D.

Richmond.

Surface is hilly in the northern, level in the southern part.

Soil is generally a loam, heavy and poor.

Salt marshes on the south and south-west sides cause considerable

malaria. On the east and north shore it is reported by F. G. Oehme, M. D., "surface drainage is generally good — very little stagnant water. Intermittent fever confined to few localities — very few diseases can be traced to local causes."

Rensselaer.

Surface is broken and hilly.

Soil on the highlands thin and poor; in the valleys, gravelly loam.

"Along the Hudson at Greenbush there is some malarial fever, attributed to overflow of low lands."

ALBANY. H. G. PRESTON, M. D.

Saratoga.

Surface in north part is mountainous and upland. From the bluffs of the Hudson river a sand plain extends west to the foot of the mountains; in south-west part it is rolling.

The soil on the mountains of north part (primary rock) is light, sandy or gravelly loam, upon intervals along rivers, deep, fertile clayey loam and alluvium; in north-west part heavy clayey loam.

Saratoga, Ballston, Round and Owl lakes are in south part.

William E. Rogers, at Rexford Flats, on the Erie canal, from thirty years observation reports: "Intermittent fevers are common, and the kind of malarial influence that develops this form of fever influences other diseases. I may say, that it is the predominating influence in local diseases here, the greater part of the time."

St. Lawrence.

Surface is generally rolling to mountainous, made so by a series of ridges running north-east and south-west. A region extending eight miles eastward from Black lake and northward to the St. Lawrence, is level or undulating.

The soil on the primary rock in the whole central and south part is light and sandy. The arable land is mostly heavy clay, some rich loam and drift.

Geo. Dart, M. D., of Depeyster, reports: "The surface of the level portion of my district is drained into three large swamps, and a muddy stagnant lake. One of the marshes bounds Black lake and is overflowed by it, another to the eastward, of several thousand acres, contains stagnant water all summer, another marsh about half cleared, runs through the center of the town from north to south, and is only partially drained by a sluggish creek. In this level district we have

an excess of asthma, bronchitis, catarrh, pneumonia, acute and chronic rheumatism, myalgia and neuralgia.

"Bilious fevers and jaundice are quite prevalent, being more frequent here than in the hilly towns on the east and south. The few cases of typhoid fevers are almost certain to involve the lungs. My conclusions are, that affections of the air passages and liver, and rheumatic conditions are greatly aggravated by the pools, lakes, marshes, ash and cedar swamps in this vicinity.

The sudden changes in temperature, often in winter, from + 30 to — 20 F. in three to four hours time are very trying to catarrhal and rheumatic patients. Great humidity of atmosphere aggravates chronic bronchitis and rheumatism."

Schuyler.

Surface is undulating and hilly upland. It is divided into two ridges by Seneca lake and its inlet.

The soil on high lands clayey and gravelly, in valleys gravelly loam and alluvium.

Besides Seneca on the border, there are, Cayuga, Little and Mud lakes in the county.

Between the villages of Watkins and Havana is a swamp one and one-half by three miles in extent, covered, except in very dry weather with back water from Seneca lake. The State dam at Seneca Falls increases this back water. When there is an extended overflow of this swamp followed by a correspondingly dry season, malarious fevers prevail, but more in proportion on the hill sides than in the valley.

A. P. HOLLETT, M. D.

Seneca.

A ridge runs nearly north and south through the middle of the county. From this the surface generally slopes off toward Seneca and Cayuga lakes. North of Seneca lake outlet the surface is mostly level. The soil is generally a sandy and gravelly loam; in the low lands on Seneca river, clayey; along Seneca lake and Cayuga lake outlets is considerable swamp land, and along the whole course of the Seneca river, through this county, are extensive swamp lands, known as the Montezuma marshes. Clyde river flows through a swampy region in north-eastern corner of the county.

E. W. Bryan, M. D., of Ovid, from observations by physicians near these marshes, reports: "They suffer from intermittent, bilious and typhoid fevers to a much greater extent than those of the sur-

rounding region. They also have more of scarlet fever, diphtheria and spinal troubles than here at Ovid. I am not sure that all can justly be attributed to the effect of the marshes, but find that in the marshy region of the adjoining counties the same is true, as compared with Ovid."

O. W. Peterson, M. D., of Waterloo, reports: "There is more or less intermittent fever and bilious affections connected with and around the marshes, and also along the Seneca river, according to seasons of high or low water. This part of the county is more afflicted in this respect than the south part, that being so much higher ground."

Tompkins.

Surface is generally upland, broken by ridges. Eastern part rolling.

Soil in northern part gravelly or clayey loam, formed by drift deposits; southern part gravelly or slaty loam.

We condense the following from a lengthy and valuable report by M. M. Brown, M. D., of Ithaca, on the climatology of Ithaca, the principal town in Tompkins county: "Business part quite level, with hills on either side. Soil on the higher flats gravel and sand; on lower, clay and loam, and clay and muck in the swamps. On the flats the sub-soil is often so porous that pipes driven into the gravel beds serve as waste pipes. During the last few years great benefit has been derived from drainage by the village authorities, by private citizens, in successfully reclaiming tracts of swamp lands, and in the drainage caused by running two railways through these flats. Before said drainage was made, intermittent fever was prevalent; now seldom appears. Bilious and typhoid fevers of the present, often assume a marked remittent or intermittent type, evidently the effect of malaria.

"There is yet often an overflow, caused by back water from Cayuga lake. Excellent spring water flows through many of the streets and there are a large number of artesian wells about 100 feet in depth and yielding water slightly sulphurous. One of these wells, on careful investigation, was found to contain leakage from a cess pool.

"Some have advocated the deepening of Cayuga outlet, hoping thereby to drain thousands of acres of swamp land, and relieve this valley of marsh miasm."

Warren.

Surface very broken and mountainous, mountains composed principally of primary rock. Soil is mostly a thin sandy loam. In the

valleys there is some rich soil. Lake George is on the eastern border, Schroon, Brant and several other small lakes are in the county. The variations of temperature during the year are very great through all this region, being often from +104° to −45° Fahrenheit.

Washington.

Surface consists of a series of ridges and the valleys between. The soil in the northern part is on primary rock, and cold and unproductive; farther south it is disintegrated slate and very fertile.

Lake Champlain, south of Ticonderoga, is a marsh. Wood creek is a deep sluggish stream flowing into this part of the lake. Intermittent prevails in this region to a moderate extent. Among the hills are some small lakes of pure water.

Wayne.

First is a series of bluffs on Lake Ontario, twenty-five to seventy-five feet in hight. From these gradual slopes rise for four or five miles back to the "Ridge," which is 200 feet above Lake Ontario. From this there is a gradual upward slope to the limestone ridge, 340 feet above the lake. South of this are slopes either way from the River Clyde.

Soil is generally a sandy or gravelly loam; on the lake shore, a reddish sandy loam; at the foot of the mountain ridge, a rich clay loam, and in the valley of the Clyde, gravelly loam and alluvium. There are marshy lands on the Clyde and Seneca rivers, also through the county north of the lake "Ridge," there being many sluggish streams with tracks of marshy lands on their borders. In the southern part of the town of Savannah one-third of the surface is a woodland marsh, containing Crusoe's island within its limits. Besides this, there are 1,900 acres in the south-eastern part of the town of Savannah, which is an open marsh covered with coarse grass. In localities adjoining these marshes, intermittent fever prevails.

Westchester.

Several ridges of hills run parallel to Hudson river and are separated by wide valleys.

The hills, some of them abrupt and rocky, are in two ranges, the first along the river, the second along the Connecticut line.

The soil, composed principally from the disintegration of the primary rock, is light and sandy naturally. On the Hudson river and on the sound and some other localities, there is drift deposit and alluvium; in other localities, loam.

Several small lakes are scattered through the hilly portion. Surface drainage is generally good, but in some localities, as at Mount Kisco, it is reported by C. J. Miller, M. D., to be "poor; also considerable intermittent fever from the effect of stagnant water in ponds."

At New Rochelle, E. W. Finch, M. D., reports: "No system of sewerage; effect inevitably bad. Diphtheria is epidemic here, and no reason why it should exist, except this one frightful source of mischief. An increase of diseases of respiratory organs is noted after a great and sudden depression of temperature."

At Tarrytown, T. C. Fanning, M. D., reports: "Diphtheria has prevailed here for nearly a year, last winter (1875–6) in a very malignant form. I think four-fifths of the cases have been in a small district where the soil is sand overlaying clay."

Wyoming.

Surface is a broad, rolling upland, divided into ridges and broken by ravines.

The soil on the hills is a clay loam, underlaid by hard-pan; in the valleys gravelly loam and alluvium.

Near Silver lake is some marshy land which is decidedly miasmatic.

The valleys are more noted for a low grade or depressing form of disease than the higher lands. West winds are decidedly damp, chilly and conducive to bronchial and catarrhal diseases. Severe epidemics rare.

L. C. FELCH, M. D.

XL.

The Soil, Surface and Climate of Warren County, N. Y.

By A. W. HOLDEN, M. D.

Warren county forms the south-eastern angle of the second geological district of the New York State survey. This embraced that great natural division, which comprises the counties of Warren, Hamilton, Essex, Clinton, Franklin, Jefferson and St. Lawrence, and contains that vast plateau or table land of forest and mountain, lake and river, so famous with tourist and sportsman as "the Adirondac region," and which was known to the aborigines as Couchsuchraga,—"the great dismal wilderness." The heavy timber and wood lands of the northern and western portions of Warren county are continuous with these interminable wilds. It is traversed in a direction nearly north and south by four mountain ranges. That on the east is known as the Dresden range, and stretches northwardly along the eastern confines of the county, and the margin of Lake George, of the scenery of which it forms a conspicuous and picturesque feature. It has several notable peaks, among which may be named Black mountain, whose sombre and frowning summit is projected to a hight of 2,800 feet above the level of the lake. Mount Defiance, the northern terminus of the range, once went by the peaceful name of Sugar Hill, and is memorable in history as the point from which Burgoyne, in 1777, obtained command of the important fortress of Ticonderoga, and compelled its evacuation by General St. Clair. Buck mountain and Deer-pasture mountain are smaller elevations, lying partly within this county. This range terminates abruptly in the "Sugar-loaf," a peak lying principally in the town of Queensbury, at the southern extremity of the county. The Palmertown range makes its humble beginnings in the upper part of the village of Saratoga Springs, and gradually increasing in altitude, stretches away into Essex county, where it is merged in the countless peaks, whose multitudinous crests have been aptly compared to the frozen billows of a polar sea. A spur from this range indents the head of Lake George with its bold promontory, and is famous in border annals and fireside traditions as the scene of hardy exploit and adventure by Stark, Putnam and Rogers, in the old French war. It has the name of French moun-

tain, and has an elevation of 1,700 feet above the waters of the lake. Next in order is the Johnsburgh range, which, pushing up from the western part of Saratoga county, forms, as it were, the vertebral column upon which the geological contour of the county is superimposed. This range extends into Hamilton county. Still west of this is the group from which arises the butting summit of Crane's mountain, or "Thunder's Nest," as it was figuratively called by the Indians and whose lofty crest arises to the hight of 3,600 feet above the level of the sea. This peak is remarkable from the existence of a pond of clear, cold water near the summit, without inlet or outlet, and so cold that it is said fishes cannot live therein. On the eastern aspect of this bold and rocky summit is sharply defined a huge profile of the human countenance. In the north-western portion of the county lies a section of still another range, which, rising north of Johnstown, in Montgomery county, extends northerly into the Adirondac region, where it culminates in those massive and giant peaks which guide books describe with such enthusiasm, and which travelers spend weary hours in climbing, Occupying, as it does "the divide," or elevated plateau between the valleys of the Hudson and Champlain, nearly half the waters of the county find their general outlet in the St. Lawrence, the remainder emptying into the Hudson, which constitutes its southern and part of its western boundary.

The county is abundantly watered with the clearest and purest of mountain rivulets, hill-side springs, brooks, rivers, ponds and lakes. Lake George, whose limpid depths wash its eastern shore, has a world-wide reputation as a summer resort. Schroon lake is little less famous, while Brant and Friend's lake, and Lake Pharao offer even greater attractions to those in pursuit of quiet, rest and relaxation from the busy pursuits of life. It is noteworthy that the volume of the streams in portions of the county longest settled, have largely diminished, and the smaller brooks, whose sources have been denuded of their forest shelter, have either dwindled to a tiny stream or, through the heated term of summer, leave their rocky beds dry and blistering in the glaring sun.

The drift deposit, during the period of submergence, was from the north-west; hence the mountain sides in that direction are usually wooded or arable to their summits, while the southern aspect is most commonly bold, rocky and declivitous. The soil of the county is generally sandy, occasionally rocky, and interspersed here and there with small patches of gravel, marl, sandy loam and clay.

Planted upon the oldest portion of the habitable globe, with the so-called Azoic rocks for its buttresses, Hygeia, herself, might build her solemn temples amidst the lakes and forests of Warren county, and call to her worship the thoughtless votaries of fashion, and the heart-sick, wearied devotees of Mammon. In this primitive region, whose rocks are iron, whose hills abound in mineral treasures, there are but comparatively few swamps and morasses, and what few remain are being yearly trenched upon and hemmed in by the devices of man. Skirted by the encroachments of agriculture, drained in one direction, and flooded in another, that, excepting in exceedingly dry seasons, there is little or none of that miasmatic exhalation which so scourged the country during the ealier decades of its settlement. Nearly or quite all of our cases of intermittent fever are imported from less favored localities.

The climate is variable, very considerable extremes of weather characterizing both the heated and cold terms of the year, in extraordinary seasons the thermometer ranging from 104° above to 45° below the 0 of Fahrenheit. The average temperature is equable and pleasant. Extremes of heat or cold rarely continue for a longer period than three days, and are usually followed by a prolonged period of moderate temperature. Whatever the severity of the heat of summer may be, the nights are almost uniformly cool. Protected by the heavily wooded mountain barriers, the inhabited portions of the county are in great degree sheltered from the wild wintry winds which lash the alluvial plains of central and western New York with their stinging scourge. And from the same friendly barriers come cooling breezes in the summer to fan the sultry air and allay the hot fever of the July sun. The rain-fall of the district, once abundant, is gradually diminishing, and, with the destruction of the northern forests, ensues its unequal distribution; long periods of summer drouth, being interrupted with sudden tempests, whose gusty passion vented in a deluge, rolls off the parched earth in dust-laden rivulets to swell the volume of angry torrents and glutted streams. Occasionally, too, with the effort at compensations continually going forward in the laboratories of nature, a dry summer is followed by the gelid deposits of winter to the depth of many feet. The sudden dissolution of these vast accumulations of snow, with the warm rains and genial sunshine of spring, sends the brimming rivers with mad impulse and resistless force on their way to the sea, sometimes bearing on their seething surface the wrecks of human industry and skill.

Except for short distances along the river intervals and water-courses, the district under consideration is singularly free from fogs and exhalations. The atmosphere is dry, bracing and thoroughly oxygenated; and, if there be any value in the last general census, the statement of the comparative immunity of this region from that universal scourge consumption, must make it an increasingly favored resort for invalids.

For reasons previously stated, namely: The broken and hilly character of the surface, the porus and absorbent qualities of the soil, the rapid current of its numerous streams, the surface drainage is exceptionally good. The waste and sewage of the villages and hamlets is speedily carried to the larger water-courses upon which they are built, where, with the self-renewing and vitalizing processes constantly going forward,* the impurities are rapidly precipitated, eliminated, or discharged.

It is only in a comparatively few and limited localities, long settled, where the soil has been saturated and poisoned with the foul accumulations of years of occupation, that there can be any suspicion of the presence of those impurities from which are evolved the germs of zymotic disease; hence the records of mortality show that Warren county, which, while abounding in the sthenic types of organic and inflammatory disease, is exceptionally exempt from the class exemplified in constitutional dyscrasia, blood poisoning and malaria.

Glens Falls, *January* 22, 1877.

* "The royal commission on the water supply of European cities, in their investigations of this subject, obtained evidence from the highest scientific authorities. Referring to the River Thames, which, above the point where the supply for London is abstracted, is contaminated by the excrement of more than 200,000 human beings, they say:

"'The noxious elements in the Thames would be sufficient to do great mischief were it not for a most beneficial provision of nature for effecting *spontaneously* its purification. Some of the noxious matter is removed by fish or other animal life; a further quantity is absorbed by the growth of aquatic vegetation, while still more important changes are effected by chemical action. The chief agent in the decomposition of organic impurities in water is oxygen, and the process is greatly hastened by the motion of the water of running streams or rivers. Now, as such waters contain much air dissolved in them, the decomposing agent is ready at hand to exert its influence the moment the impure matter is received into the water. The effect of the action of oxygen on organic substances in rivers is to break them up, destroy all their peculiar organic constitutions, and to re-arrange their elements into permanent inorganic forms, innocuous and free from any deleterious quality.'"—Eastman's New York Water Supply.

PART II. SECTION XI.

REPORT OF THE BUREAU OF VACCINATION.

T. L. Brown, M. D., Binghamton, Chairman.

Drs. B. F. Joslin and H. V. Miller, with invited co-operation of Drs. J. T. Greenleaf and E. B. Nash.

[Report omitted.]

PART II. SECTION XII.

REPORT OF THE BUREAU OF VITAL STATISTICS.

[No report furnished.]

PART II. SECTION XIII.

REPORT OF THE BUREAU OF MEDICAL EDUCATION.

[No report furnished.]

PART II. SECTION XIV.

REPORT OF MEDICAL SOCIETIES AND INSTITUTIONS.

ALFRED K. HILLS, M. D., New York, Chairman.

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XLI.

The Progress and Status of Homœopathy in the State of New York.

By L. M. PRATT, M. D.

Eighty years have rolled away since the principles of homœopathy were first promulgated by its illustrious founder, Hahnemann, and to the present time they have steadily advanced, encroaching everywhere upon the domains of allopathy, so that its progress during the brief period of its existence is unparalleled in the history of medical science.

We may well be proud of the high position it now occupies throughout the civilized world; after having met with the most bitter opposition from the adherents of allopathy, its course has been onward and upward, till now it numbers among its converts physicians distinguished for learning and ability, and its patrons are found among the noble and intelligent in every community, both in Europe and America.

Samuel Hahnemann, the founder of homœopathy, and whose name has been made immortal by the force of his intellectual power and the pure light from above, that over fifty years was shed into his mind, has continued to increase until it now shines in every part of the civilized world.

He was born in Miaisnia, a small town in Germany, on the 10th day of April, 1755, and in the year 1796 he first enunciated the principles of homœopathy, when he was denounced as a vile imposter and chased from the city of his birth, Leipsic, for which he had a peculiar affection, to an asylum, offered him at the age of sixty-six years, at Cortheen, and subsequently took up his residence in Paris, where he died in the year 1843, full of years and honors, at the age of eighty-eight.

With this introductory glance which history furnishes in regarding the progress of homœopathy during a period anterior to its introduction into this country, will allude briefly to the progress it has made during the fifty years which has elapsed since Dr. Hans. B. Gram, a student of Hahnemann and an American by birth, who, after the

absence of a few years, returned to his native country and settled in the city of New York, where, in the year 1826, he commenced practice and to disseminate the doctrines of Hahnemann till his death, which occurred in the year 1840.

Dr. Gram was succeeded by Drs. Channing, Hull, Gray, Wilson, Joslin and many others, as converts to the truth and doctrine founded on the law of cure, *Similia Similibus Curantur.*

We now come to the consideration of the purpose of this paper, which is to give some statements relating to the status and progress of homœopathy in the State of New York since its introduction, covering a period of fifty years, and am bold to say, that perhaps nowhere upon either continents, has the practice been so universally received and accepted as in this the Empire State, and that the number of its practitioners far exceed that of any other State in the Union, and furthermore, we can boast of having the first and only charity hospital in the world, as well as an asylum for the insane, both under the management and control of our profession so far as it relates to the treatment of their inmates.

In 1830 there were but six homœopathic physicians in the United States, and these were located in the city of New York, with perhaps one or two exceptions. At the present time their number may be estimated at 1,000 in the State, and from 8,000 to 10,000 in the United States, with a corresponding ratio in the number of educational and charitable institutions.

Homœopathic Medical Society of the State of New York.

An act of the Legislature of the State of New York, passed April 13, 1857, authorized the formation of county medical societies, with equal privileges and immunities enjoyed by similar allopathic associations.

From the introduction of homœopathy into the city of New York by Dr. Gram, in the year 1826, to 1857, homœopathic societies existed as informal associations, having no legal status to protect them from the finger of scorn, which, for thirty years, had been pointed at them by the rival school of medicine, called allopathic.

In 1862 an act to incorporate the Homœopathic Medical Society of the State of New York was passed by the Legislature, under which act a reorganization was effected, whereby county societies then existing became auxiliary to the State society, and the following year it was formally inaugurated, and a constitution and by-laws

adopted. County societies were organized throughout the State, so that there are now about forty entitled to send delegates to the State society. The number of delegate members is 120; number of permanent members, 155; number of honorary members, 45; making a total of 320.

The annual meeting of the State Society is held in Albany, on the second Tuesday and Wednesday in February, and a semi-annual meeting wherever its members may, by vote, determine the most advantageous to the profession.

The transactions of the State Society were published annually for ten years by the State. The first volume was issued in 1863, and the last volume included the transactions for the year 1872, when, the following year, the Legislature, by an act, prohibited any farther appropriations for the publication of the transactions of either school of medicine, and in consequence of this injustice and illiberality on the part of its members, the society has been compelled to publish them at their own expense.

An edition of 1,500 to 2,500 copies were printed by the State annually, and sent by the secretary of the State Society to its members, and copies sent to many other State societies.

The annual and semi-annual meetings of the Society are largely attended, and the reports from the several bureaus are valuable contributions to medical science, whereby our system of practice is becoming established, and the principles of homœopathy are rapidly gaining upon the domains of allopathy throughout the entire State and country.

State Homœopathic Asylum for the Insane.

The first and only homœopathic asylum for the treatment of the insane in this country is located at Middletown, Orange county, New York. This asylum was incorporated by an act of the Legislature of this State, April 28, 1870, which provided that it should be placed under the management of a board of trustees nominated by the Governor, and appointed by and with the consent of the Senate, who should be "adherents of homœopathy," securing thereby the treatment of insane patients according to the theory and practice of the homœopathic school of medicine.

The first appropriation by the State was made in 1871, when, the following year, the erection of the buildings was commenced, consisting of a central building and four pavilions, two on either side, capable of accommodating, when completed, 500 patients.

The whole amount appropriated by the State up to the present time is $553,319.89; the amount expended, $418,827,68. The number of patients it will now accommodate, 230; the number admitted since it opened, April, 1874, to November, 1876, 281.

New York Homœopathic Charity Hospital.

"New York city enjoys the distinguished honor of establishing the first homœopathic charity hospital in the world." On the 10th day of September, 1875, in response both to public petition and public sentiment, the commissioners of public charities and correction of New York, gave formal possession of this magnificent structure to representatives of the homœopathic profession.

The building was originally designed and for several years occupied as a home for the victims of intemperance, but not proving a success the commissioners of public charities of New York, gave recognition to the claims of homœopathy by placing it under the control of the homœopathic profession when it was formally inaugurated, and a medical board appointed by the commissioners.

The institution is on equal footing in every respect with the hospitals under allopathic management, and is entitled to equal privileges with them.

The building is located on Ward's Island, has a frontage of 282 feet with wings running parallel 120 feet in length by 40 in width, and is capable of accommodating 800 patients.

The number received was 4,951 since it was opened; under treatment, 498.

Albany City Homœopathic Hospital and Dispensary.

In 1868 the Albany City Homœopathic Dispensary was incorporated, and as an evidence of its prosperity and usefulness during the four years prior to the organization of the hospital, there were made nearly 27,000 prescriptions to patients at their homes and at the dispensary.

In 1872 a charter for a hospital was secured, uniting them under the name of the "Albany City Homœopathic Hospital and Dispensary."

The average number of prescriptions, each year, for four years past has been upwards of 4,000, not including visits. The growth of the institution has been gradual and satisfactory, affording accommodations for about forty patients.

The building is large and commodious and has all the conveniences

of a well-appointed hospital, is eligibly located, opposite Clinton park; its wards are large and furnish ample facilities for the treatment of medical and surgical diseases.

The hospital is under the management of a board of eleven trustees, who appoint the medical and surgical staff, matron and resident physician.

A department specially intended for the treatment of the throat and lungs, also for the eye and ear, and a dental department, promises to accomplish an important benefit to a large class of applicants.

During the past year many minor surgical operations have been performed, together with several capital operations, one for ovarian tumor, one for stone in the bladder, one for fistula in ano, one for necrosis of fibula and one for frozen feet. Several cases of fractures and dislocations, wounds and the removal of abnormal growths have been successfully attended to. Forty-two patients have been admitted to the hospital during the year.

The institution is supported mainly by an appropriation from the city and, together with individual contributions from its citizens, it has been enabled to keep free of debt.

A charity promenade concert and ball in aid of the hospital during the winter proved a success financially and socially. The amount realized was over $1,200.

Of the patients admitted to the hospital about one-half were charity, the remainder, or paying patients, pay from five to ten dollars per week. Number of prescriptions made in dispensary were 4,321, the number of visits, 320 during the year.

Brooklyn Homœopathic Hospital.

Incorporated as a dispensary in 1852, and the title changed to Brooklyn Homœopathic Hospital by an act of the Legislature, February 9, 1871.

This hospital is located on Cumberland street, near Myrtle avenue, and will comfortably accommodate 150 patients, and is amply provided with facilities for the treatment of medical and surgical diseases. According to the last report, there were treated during the year 126 medical cases and seventy-two surgical cases, making a total of 198 admitted to the hospital during the year.

A dispensary department in connection with the hospital is successfully carried on, where over 3,000 prescriptions are made each year to the poor gratuitously.

The "Ladies' Aid Association," organized in 1874, for the purpose of assisting the trustees in carrying on the institution, have,

through their enterprise, accomplished an important work, by soliciting contributions, and in various ways procuring sufficient funds, whereby the hospital is mainly supported.

The hospital is admirably managed by a board of trustees, and its medical and surgical staff are thoroughly competent, and ardently devoted to the cause of humanity.

The Brooklyn Maternity and School for Training Nurses.

The Brooklyn Homœopathic Maternity is located at 46 and 48 Concord street, Brooklyn, N. Y. According to the last report the institution was enabled to assist 295 women and children.

The lying-in wards received 140 women, eighty-seven of whom were confined therein. In the nursery department 143 babies had derived benefit, and but seventeen deaths occurred during the year; five of them were still-born, showing a very small mortality, considering the sick and enfeebled condition of many of the babies brought there to board.

The department for training nurses is under the management of a superintendent and resident physician; besides, a course of lectures is given on anatomy and physiology, food and diet, the duties of a lying-in nurse, natural and accidental labor — affording thorough instruction in the duties of a professional nurse, so that graduates from the maternity are in great demand, by reason of a practical education at the bed-side they have received at the hands of skilled instructors.

This institution is a model of its kind, and a blessing to a class of unfortunates who are found in all our large cities.

Brooklyn Homœopathic Lying-in Asylum.

This asylum was organized in 1871, and is located at 88 Lawrence street, Brooklyn. The design of this institution is to furnish accommodations and treatment for women during their period of confinement.

It is under the control of a board of lady managers and officers, and is attended by a staff of consulting and visiting physicians strictly homœopathic, as none other is allowed by the officers of the institution.

It has a training school for nurses in successful operation, also a children's hospital, and a nursery hospital for children brought from outside for treatment. Since the organization up to 1874 there were 192 confinements in the lying-in department, and but one death

occurring. In the nursery department, from one to two hundred children annually are cared for, most of them under one year of age, with a mortality of about seven per cent. In institutions of a similar character under allopathic treatment, the mortality has reached eighty-five per cent, showing the superiority of homœopathic treatment. The asylum is growing in strength and usefulness, and its beneficence is enjoyed by hundreds of unfortunate applicants, who find this a home and an asylum when they are in trouble.

Protestant Half-Orphan Asylum.

This hospital or asylum was founded in 1832. It was under allopathic direction until 1842, when it came into the hands of the homœopathic profession.

It is located at 67 West Tenth street, New York, and the number of children under care and treatment has averaged about 300 each year. Under a well regulated hygienic management, but few deaths have occurred during the year, and, what seems remarkable, some years not a single death occurred.

Five Points House of Industry Hospital.

This institution was incorporated in the year 1854, and is located at 155 Worth street, New York city. It has a board of trustees, also of incorporators, and attending and resident physician and matron. This hospital was originally organized for the care and treatment of children, under the valuable services of Dr. B. F. Joslin, who, for many years, gave his gratuitous services.

The number of cases treated during the year 1875 were 1,305, and 4,612 prescriptions made. Fourteen deaths during the year, or about one per cent.

New York Ophthalmic Hospital.

This hospital was incorporated in 1852, and was under allopathic direction until 1867, when it was put into the hands of the homœopathic profession, and under their charge the institution has enjoyed a large measure of prosperity, affording gratuitous aid to an unlimited number of applicants daily, and has ample accommodations for fifty lying-in patients. The total number of eye cases treated in the year 1875, was 2,788; total number of ear cases, 1,110, a large increase over the previous year. A course of lectures by the board of surgeons on the eye and ear are instituted, and diplomas granted to students in those specialties.

The hospital has an endowment of $100,000 from Mrs. Emma A.

Keep, and is located on the corner of Twenty-third street and Third avenue, and is a large and well appointed building, capable of accommodating all who apply for admission. Among the number are many supported for weeks without any compensation.

This hospital, when under allopathic control, proved a failure; under homœopathic it has been a great success.

New York Medical College and Hospital for Women.

The New York Medical College for Women was incorporated in 1863, and is located at No. 301 Lexington avenue, corner of Thirty-seventh street. The institution had its origin with a few ladies who were impressed with the great need of a college for the scientific education of women for the practice of medicine among their own sex. The homœopathic theory was adopted, and the various branches of medical and surgical instruction are taught by able and competent professors of both sexes. Ninety ladies have been graduated, and many of them are established in lucrative practice.

In 1869 a hospital and dispensary was opened in connection with the college, and nearly 150 patients annually have been received in the hospital, and about 3,000 sick poor have been treated annually at the dispensary, mostly women and children.

A part of the design has been to afford instruction and training to nurses, and lectures in hygiene to ladies. The college is in a flourishing condition, and will no doubt prove a success.

New York Homœopathic Medical College.

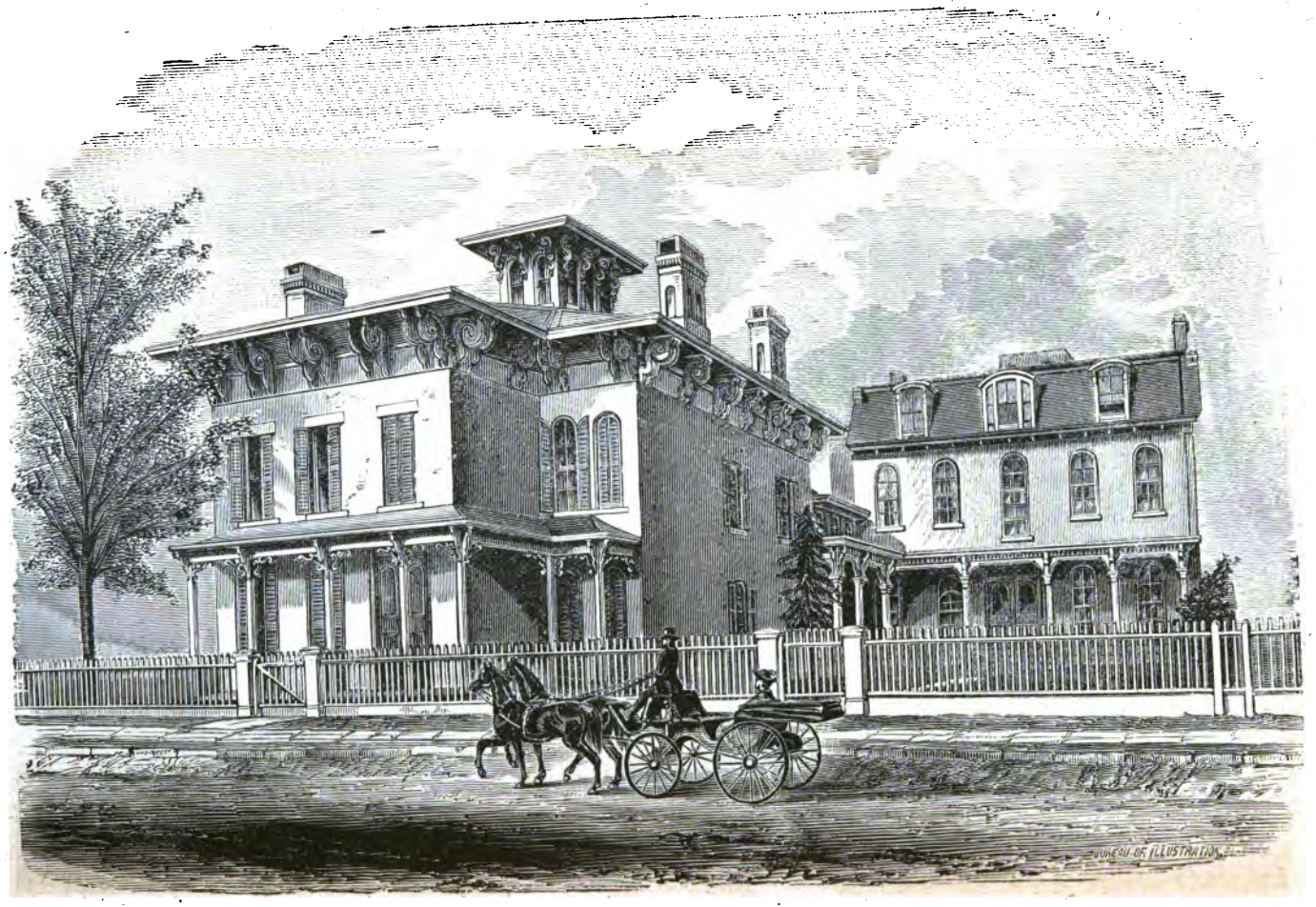
The New York Homœopathic Medical College was incorporated in 1859, and is now located on the corner of Twenty-third street and Third avenue, combining with the Ophthalmic Hospital.

The building is five stories high, has a front of fifty feet on Third avenue, and a depth of 100 feet on Twenty-third street, and cost $150,000.

The appointments of the college are complete in every respect, affording every convenience for the instruction of students in the various departments of medical science, and the thoroughness of the courses of lecture, and the rigidness of the final examination, all tend to render this institution equal to any of a similar character in this country.

As an evidence of its success and prosperity, four years ago the class numbered fifty students, the class of 1875 numbered 131.

The faculty of the college consists of fifteen professors and five



INGLESIDE HOME, BUFFALO.

special lecturers, all of whom take special pride in teaching the therapeutic doctrines expounded and illustrated by the Hahnemannian formula, *similia similibus curantur.*

New York Homœopathic Medical College Dispensary

Was incorporated in 1856, and is located at 203 East Twenty-third street, New York city, and is operated in connection with the Homœopathic Medical College. Total number of patients treated in 1875 were 6,338; the number of prescriptions made, 18,898 — at their homes, 205. The number of visits made, 995; vaccinations, 181.

New York Homœopathic Dispensary for Women and Children

Was chartered in 1874, and was in existence sixteen years as the Thirty-fourth Street Dispensary. It is located at 327 East Twenty-third street, between First and Second avenues, New York city. It is open for women and children only two hours each day. The number of patients attended from 1874 to 1875 was 734; number of prescriptions made, 3,654.

Western Homœopathic Dispensary

Was incorporated in 1868, and is located at 403 West Forty-second street, New York city. The number of patients treated during the year 1869 was nearly 6,000, and the number of prescriptions made was 16,000, and 3,000 visits. In 1870 there were 21,000 prescriptions made, and 7,000 patients treated. During the nine years of its existence it has treated 99,780 patients with 232,748 prescriptions. This institution has a building fund of considerable amount, and will soon be in possession of its own building for its increasing necessities.

Hospital Connected with the Ingleside Home, Buffalo, N. Y.

This institution was established in 1869, and is located at 527 Seneca street, Buffalo, N. Y. The building was a free gift from George W. Tifft, Esq., a resident of that city, and has ample accommodation for 100 patients. It is finely located, and has about 100 rooms, the design of which was originally the taking care of a class of unfortunate females that are found in all our large cities. Number admitted last year seventy-two.

The officers and board of managers consist of females, and the medical board are resident homœopathic physicians of the city, who make regular visits to the Home, giving their time and professional services gratuitously to its inmates.

The Buffalo Homœopathic Hospital

Was organized in 1872, and is operated under a board of officers and managers, also a board of associate managers consisting of ladies.

The homœopathic profession in Buffalo and their patrons, entertain the strongest convictions as to the success of this recent undertaking to establish on a permanent foundation a homœopathic hospital equal to any in the State.

St. Luke's Hospital, Utica, N. Y.

This hospital was opened for patients July 9, 1872, at No. 29 Hamilton street, Utica, N. Y., and is under the patronage of the Episcopal church of that city, deriving its support, and that of the St. Luke's Home, from the voluntary contributions of its citizens.

The managers of the hospital have placed the care and treatment of the patients in a joint board of nine allopathic and five homœopathic physicians, the patients having the privilege of choosing whichever practice they may prefer.

Hahnemann Hospital.

The Hahnemann Hospital was organized in 1869, and is located on Fourth avenue, between Sixty-seventh and Sixty-eighth streets, New York city.

It was opened for the reception of patients in 1870, and the total number of patients received up to 1872 was 229.

The large and elegant building just completed will enable its managers to accommodate 150 patients, which number may be increased by the addition of wings, for which there is sufficient room upon the ground already possessed.

Dispensaries.

The Albany City Dispensary

Was incorporated in 1858, and is now located at 123 North Pearl street, Albany, N. Y. There were 4,321 prescriptions and 320 visits made during the year 1876.

Gates Avenue Homœopathic Dispensary

Was established in 1867, and is located at the junction of Gates avenue and Fulton avenue, Brooklyn, N. Y. Total number of patients treated in 1875 was 16,675; number of prescriptions made, 29,279; number of visits, 1,465.

BUFFALO HOMŒOPATHIC HOSPITAL.

Brooklyn (E. D.) Homœopathic Dispensary

Was organized in 1872, and is located at 64 Fifth street, corner of Broadway, Brooklyn, N. Y. Total number of patients treated in 1875 was 7,288, a large increase over any previous year; in 1876, 10,285. A new building is about to be erected, which will prove a great convenience to those connected with this charity.

Harlem Homœopathic Dispensary

Was organized in 1871, incorporated in 1872, and is located on the corner of One Hundred and Twenty-second street and Third avenue, New York city.

Total number of patients treated in 1875 was 2,056.

Bond Street Homœopathic Dispensary

Was organized in 1856 by Dr. Fullgraff, and was incorporated in 1862. It is located at 59 Bond street, New York city.

In 1869 over 26,000 patients were treated, and upwards of 51,000 prescriptions made, and 8,000 visits. In 1874, over 38,000 patients treated, and upwards of 98,000 prescriptions.

Brooklyn Homœopathic Dispensary

Was incorporated in 1852, and is located at 109 Cumberland street, Brooklyn, N. Y.

There is connected with the dispensary a department of pharmacy, surgery, dentistry, library, laboratory, reading room and dissecting room, making it the most complete and best appointed charity in the State. In 1869 nearly 10,000 patients were treated, and over 20,000 prescriptions made.

A department for the treatment of the eye and ear is successfully maintained by competent physicians in those specialties.

Yorkville Homœopathic Dispensary

Was organized in 1871, and is located at No. 201 E. Eighty-third street, New York city.

The number of patients treated during the past year was 1,537, and the number of prescriptions made was 2,362.

Rochester Homœopathic Dispensary

Was incorporated in 1874, and is located at 121 Main street, Rochester, N. Y. Total number of cases treated in 1875 was 674; the number of prescriptions made was 1,899.

Poughkeepsie Homœopathic Dispensary

Was incorporated in 1867, and is located at No. 10 South Bridge street, Poughkeepsie, N. Y. Total number of cases treated in 1870 was 1,190. The last report furnishes evidence that the dispensary is in a flourishing condition.

The North-Eastern Homœopathic Dispensary

Situated at 1036 First avenue, New York, treated 7,818 patients to 14,817 prescriptions during the year ending October, 1876, and since its organization, October, 1869, has treated 36,581 patients to 80,470 prescriptions.

The number of homœopathic hospitals in this State, according to the report in the last volume of transactions, was ten; the number of dispensaries, sixteen; the number of insane hospitals, one; number of lying-in asylums, one; number of medical journals, three; number of medical schools and colleges was five.

It needs no prophet to predict the future of homœopathy in this country and throughout the civilized world.

Its progress and status in this State is perhaps more rapid, and its eleemosynary institutions larger in number, its medical colleges and schools in a more flourishing condition, than in any other State in the Union.

As a profession, and in comparison with the musty dogmas of the allopathic school, we have just reason to be proud of the advance homœopathy has made, and the opposition it has overcome, during the short period of its existence in this country.

Report of County Medical Societies.

COUNTY.	Organized.	Annual Meeting.	Meets.	Presidents.	Vice-Presidents.	Secretaries.	Treasurers.
Albany	1860	2d Tuesday, Jan.	Monthly	N. Hunting, M. D.	H. M. Paine, M. D.	W. E. Milbank, M. D.	W. E. Milbank, M. D.
Broome	1863	3d Tuesday, Oct.		S. D. Hand, M. D. Binghamton.	H. D. Sloan, M. D. Binghamton.	T. L. Brown, M. D. Binghamton.	T. L. Brown, M. D., Binghamton.
Cayuga	1859	2d Tuesday, June	Quarterly	W. M. Gwynn, M. D. Throopsville.	P. O. C. Benson, M. D. Skaneateles.	W. M. Sprague, M. D. Auburn.	W. M. Sprague, M. D., Auburn.
Chautauqua	1863	3d Tuesday, June		C. Ormes, M. D. Jamestown.	A. S. Couch, M. D. Fredonia.	A. B. Rice, M. D. Panama.	A. B. Rice, M. D., Panama.
Chemung	1866	2d Tuesday, Dec.	December and June	L. D. Parkhurst, M. D. Elmira.	O. Groome, M. D. Horseheads.	C. E. Sayles, M. D. Elmira.	C. E. Sayles, M. D., Elmira.
Chenango	1871	3d Tuesday, Jan.		C. Bruckhausen, M. D. Norwich.	R. E. Miller, M. D. Oxford.	C. A. Church, M. D. Norwich.	C. A. Church, M. D., Norwich.
Columbia	1864	1st Tuesday, Oct.	October and May	P. W. Mull, M. D. Ghent.	A. F. Moore, M. D. Coxsackie.	T. T. Calkins, M. D. Hudson.	W. H. Barnes, M. D., Chatham.
Dutchess (Po'keepsie)	1861	1st Tuesday, Oct.	Oct., Jan., April, July,	John Hornby, M. D.	E. Case, M. D.	John C. Otis, M. D.	John C. Otis, M. D.
Erie (Buffalo)	1859	1st Wed., Jan.	Quarterly	N. Osborne, M. D.	H. Colton, M. D.	H. Baetig, M. D.	H. Baetig, M. D.
Kings (Brooklyn)	1857	1st Tuesday, May	Monthly	W. L. R. Perrine, M. D.	Geo. Nichols, M. D	E. Hasbrouck, M. D.	W. I. Thayer, M. D.
Livingston	1863	3d Tuesday, June	June and December	G. R. Traver, M. D. Perry.	H. M. Dayfoot, M. D. Mt. Morris.	I. H. Dix, M. D. Danville.	I. H. Dix, M. D., Danville.
Madison	1863	4th Tues., June	June and January	W. H. Griffith, M. D. Chittenango.	E. Loomis, M. D. Oneida.	J. T. Wallace, M. D. Oneida.	J. T. Wallace, M. D., Oneida.
Monroe	1866	2d Monday, Jan.	Quarterly	E. H. Hurd, M. D. Rochester.	R. A. Adams, M. D. Rochester.	Geo. F. Hurd, M. D. Rochester.	Geo. F. Hurd, M. D., Rochester.
Montgomery	1869			T. J. Pettit, M. D. Fort Plain.		J. N. White, M. D. Amsterdam.	J. N. White, M. D., Amsterdam.
New York	1857	2d Wed., Dec.	Monthly	A. P. Throop, M. D.	Alfred K. Hills, M. D.	Arthur T. Hills, M. D.	E. Carleton, Jr., M. D.
Niagara	1871	2d Tuesday, June	June and January	R. S. Bishop, M. D. Medina.	A. L. L. Potter, M. D. Albion.	E. C. Parke, M. D. Holly.	E. C. Parke, M. D., Holly.
Oneida	1857	3d Tuesday, Oct.	October and June	G. A. Gifford, M. D. Clayville.	H. J. Spencer, M. D. W. Winfield.	C. E. Chase, M. D. Utica.	C. E. Chase, M. D., Utica.
Onondaga (Syracuse)	1862	1st Tuesday, May	Monthly	Geo. H. Greeley, M. D.	W. A. Hawley, M. D.	H. V. Miller, M. D.	H. V. Miller, M. D., Syracuse.
Ontario	1860	3d. Wednes., Oct	October and June	N. B. Covert, M. D. Geneva.	G. Z. Noble, M. D. Dundee.	G. C. Prichard, M. D. Phelps.	G. C. Prichard, M. D., Phelps.
Orange	1852	2d Wednes., Oct.	Quarterly	J. J. Mitchell, M. D. Newburgh.	J. W. Ostrom, M. D. Goshen.	Ira S. Bradner, M. D. Middletown.	Ira S. Bradner, M. D., Middletown.
Oswego	1861	2d Tuesday, June	June and October	A. Pool, M. D. Oswego.	C. Townsend, M. D. Oswego.	G. D. McManus, M. D. Oswego.	G. D. McManus, M. D., Oswego.

REPORT OF COUNTY MEDICAL SOCIETIES—(*Continued*).

COUNTY.	Organized.	Annual Meeting.	Meets.	Presidents.	Vice-Presidents.	Secretaries.	Treasurers.
Otsego	1860	2d Wed., June	June and January	A. B. Cossaart, M. D., Otego.	M. Mattison, M. D., Morris.	S. T. Bowne, M. D., Oneonta.	S. T. Bowne, M. D., Oneonta.
Queens	1873	Last Thurs., Oct.		C. A. Belden, M. D., Jamaica.	B. L. B. Bayliss, M. D. Astoria.	W. A. Allen, M. D., Flushing.	B. L. B. Bayliss, M.D., Astoria.
Rensselaer	1860	3d Tuesday, Oct.	October and June	C. G. Clark, M. D., Troy.	F. L. Vincent, M. D., Troy.	C. S. Woodruff, M. D.	C. S. Woodruff, M. D., Troy.
Rockland	1875			D. D. Smith, M. D., Spring Valley.		L. B. Couch, M. D., Nyack.	J. DeV. Moore, M. D., Nyack.
Saratoga	1863	2d Tuesday, July		B. F. Cornell, M. D., Fort Edward.	J. F. Doolittle, M. D., Ballston Springs.	A. G. Peckham, M. D., Waterford.	A. G. Peckham, M. D., Waterford.
Schuyler	1872	2d Tuesday, July	Quarterly	A. V. Stobbs, M. D., Mecklenburgh.	E. W. Lewis, M. D., Watkins.	A. P. Hollett, M. D., Havana.	A. P. Hollett, M. D., Havana.
Seneca	1872			O. W. Peterson, M. D. Waterloo.	O. W. Smith, M. D., Union.	R. B. Covert, M. D., Seneca Falls.	R. B. Covert, M. D., Seneca Falls.
Steuben	1867	3d Tuesday, May	May and November	W. J. Bryan, M. D., Corning.	H. E. Brown, M. D., Corning.	B. F. Williamson, M.D. Prattsburgh.	B.F. Williamson, M.D. Prattsburgh.
St. Lawrence	1871	2d Tuesday, June		J. M. Dow, M. D., Potsdam.	E. Parmelee, M. D., Morley.	S. Hoag, M. D., Canton.	S. Hoag, M. D., Canton.
Tompkins, Cortland and Tioga	1874			E. J. Morgan, M. D., Ithaca.	E. B. Nash, M. D., Cortland.	J. F. Greenleaf, M. D., Owego.	J. F. Greenleaf, M.D., Owego,
Ulster	1865	May		L. Shaffer, M. D., Kingston.	G. D. Crispell, M. D., Kingston.	F. W. Ingalls, M. D., Kingston.	F. W. Ingalls, M. D.
Washington	1865	2d Wed., Jan.		L. A. Clark, M. D., Cambridge.	C. M. Mosher, M. D., Easton.	P. H. Hulst, M. D., Greenwich.	P. H. Hulst, M. D., Greenwich.
Wayne	1862	1st Tues., June	June and December	M. F. Sweeting, M. D., South Butler.	G. C. Childs, M. D., Clyde.	M. H. Adams, M. D., Palmyra.	M. H. Adams, M. D., Palmyra.
Westchester	1865	Last Wed., Jan.	January and June	H. C. Jones, M. D., Mt. Vernon.	S. M. Griffin, M. D., Cold Spring.	E. C. Howe, M. D., Yonkers.	E. C. Howe, M. D., Yonkers.
Central New York	1866	3d Tuesday, June	Quarterly	A. J. Brewster, M. D., Syracuse.	C. E. Swift, M. D., Auburn.	H. V. Miller, M. D., Syracuse.	H. V. Miller, M. D., Syracuse.
Northern New York	1850	2d Tuesday, July		E. S. Coburn, M. D., Troy.	S. J. Pearsall, M. D., Saratoga Springs.	A. G. Peckham, M. D., Waterford.	A. G. Peckham, M.D., Waterford.
Hahnemann Academy of Medicine of New York	1834	4th Wed., Jan.	Monthly	Alfred K. Hills, M. D.	A. M. Piersons, M. D.	C. C. Plimpton, M. D.	Geo. S. Norton, M. D.

DEPARTMENT OF NECROLOGY.

HENRY D. PAINE, M. D., 26 West Thirtieth street, New York.

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Necrological Report.

By HENRY D. PAINE, M. D.

Samuel Bancroft Barlow, M. D.

This learned and distinguished member of the profession, whose name and character have long been made familiar to us by his labors in the cause of homœopathy, was born in Hampshire county, Massachusetts, April 19, 1798.

From early youth he was fond of study, and while yet a boy, was remarkable for the comprehensive and unusual range of his investigations, a tendency which, in after life, manifested itself in a passion for antiquarian studies and collections. His retentive memory was a storehouse of curious information on many subjects unfamiliar to most men, which he was always ready to open for the instruction or entertainment of his friends.

From the age of sixteen to nineteen he taught school, at the same time pursuing his diligent but somewhat erratic course of self-education. About 1819 he settled down to the regular study of medicine, and in 1822 received his diploma from Yale College medical school.

After practicing in New England for ten or twelve years with good but not remarkable success, he removed, in 1835, to Florida, Orange county, in this State, where he soon acquired an extensive practice.

About the time of his removal to this State, or a little before, he had become favorably disposed towards homœopathy, though it is not known how he first became interested in the subject. At any rate, within three years after his settlement in Florida, he was openly and avowedly treating his patients according to the methods of that school, and in frequent communication with Drs. Hull, Vanderburg and Curtiss.

In 1841 Dr. Barlow removed to New York city, where he resided for the rest of his life. In 1863 he was appointed professor of materia medica in the New York Homœopathic Medical College, a position which he occupied with great acceptance for several years.

He was a member of various medical and other scientific societies, and was universally esteemed as a gentleman of much and varied learning. Affable and somewhat eccentric in manner, and of a cheerful disposition, his society was highly valued.

He was one of the original founders of the American Institute of Homœopathy, in 1844. He continued in active practice till about four years before his death, when, in consequence of a sun-stroke, he was attacked with a severe and protracted illness, after which, although in a manner restored to health, he virtually retired from professional labor, except in occasional consultations.

He died on Sunday, February 27, 1876, from inflammation of the brain, aged seventy-eight years.

His funeral was attended by an immense congregation of sorrowing friends, including many of his professional brethren of New York and neighboring cities.

James Mairs, M. D.

Dr. Mairs was one of the oldest homœopathic physicians of this State. He was born in Galway, Saratoga county, in the year 1796, and died in the city of New York January 1, 1876, in the eightieth year of his age.

After graduating in arts, from Union college, in 1822, he studied medicine with Dr. Low, of Charlton, and for about ten years practiced in Kingston, Ulster county. He was then induced to change his field of labor to the metropolis, where he was successful in obtaining a large practice, and enjoyed the respect and esteem of his colleagues in the profession.

His first practical acquaintaince with homœopathy was made through the Rev. Dr. Lillie, a distinguished Scotch Presbyterian clergyman of New York, who had received a regular medical education in the old country, and was an ardent admirer of Hahnemann and his system. The patient was Dr. Mairs himself. Describing to Dr. L. one day the pains, restlessness, etc., that he suffered from rheumatism, the response was an urgent recommendation to try the effect of homœopathic treatment, and the administration of a dose of rhus tox. on the spot. The effect of this single dose was so gratifying that, by the advice of Dr. Lillie, he consulted Dr. Alfred Freeman, with a view to further treatment, and also for the purpose of acquiring some knowledge of the principles and resources of the new system.

The result is well known. After an extended series of observations and experiences, with the assistance of Dr. Freeman, he became a staunch and thorough convert, and through all the remainder of his active and useful life he remained unshaken in his faith.

He was a man of modest pretensions and retiring disposition, and was on that account, not so generally known to the younger class of the profession as he deserved to be; but, by the earlier generation of homœopathists he was very highly esteemed for his personal as well as his professional endowments.

He was a veteran member of the American Institute of Homœopathy.

Lyman Clary, M. D.

Few physicians of our school were better or more generally known throughout the State than the subject of this notice. For nearly fifty years he was a resident and practitioner in Syracuse, where he was honored and respected by all classes of his fellow-citizens.

Dr. Clary was born in Deerfield, Mass., in 1803, but removed with his father's family to Ohio when about fourteen years old. He had the advantages of a good academic education, and graduated as doctor of medicine at the Berkshire Medical College, in 1828.

After obtaining his degree and enjoying a brief visit to his home in Ohio, he started out, on horse-back and alone, to seek for an eligible opening where he might pitch his tabernacle and pursue his calling. Without any settled plan, he traveled through parts of Ohio and Pennsylvania, and crossed the border into the State of New York. Turning northwards, he reached at length, the region then called the "Onondaga Country," with the appearance of which he was greatly captivated.

Drawing rein in front of the village tavern in Salina, he sought interviews with the two physicians of the place, from both of whom he received encouragement that induced him to remain. His prosperity, which was of slow growth for many years, at length became assured.

Until about 1845, he practiced as an allopathic physician, and was that year president of the county medical society. While still holding that office, he was persuaded by his old friend and neighbor, Dr. A. S. Ball, against his will, to investigate the claims of homœopathy, which he had hitherto persistently denounced. The result of a series of experiments, including some in his own family, was his complete conversion to the new system.

During the remainder of his life, a period of nearly twenty-five years, he continued a pronounced and active homœopathist, not only as a practitioner, but as an advocate and promoter, by word and deed,

of all proper methods for the dissemination of homœopathic principles. He was president of the New York State Homœopathic Medical Society in 1855, and of the American Institute of Homœopathy in 1854.

In all the public and social relations of life, Dr. Clary was not only above reproach, but enjoyed the esteem and affection of all who had the privilege of knowing him.

He died on the first of June, 1876, of angina pectoris, in the seventy-fourth year of his age.

Carroll Dunham, M. D.

Dr. Carroll Dunham, one of the most gifted and valuable members of our school, died at his residence in Irvington-on-the-Hudson, February 18, 1877, in the forty-ninth year of his age.

His death, occurring while he was yet in the full vigor of his mental activity, has filled the hearts of the entire homœopathic fraternity with deepest sorrow; for Dr. Dunham was not only honored for his admirable qualities of mind and character, but was beloved for the virtues that shone conspicuous in his daily life.

That life was largely devoted, under many disadvantages of uncertain health, to the promotion of homœopathy, in the conscientious conviction that its prevalence would greatly promote the welfare of mankind.

Dr. Dunham was born in the city of New York in 1828. His mother dying during the cholera epidemic of 1834, when he was six years old, his father removed to Brooklyn. His education was carefully and thoroughly prosecuted. At nineteen he graduated at Columbia college, and received his degree as doctor of medicine from the college of physicians and surgeons, in 1849 or '50. After graduation, he spent a year or two in European study, giving special attention to the methods and results of homœopathic practice as exemplified in the treatment of some of the most distinguished representatives of the school in Germany. He passed some time in Munster for the advantage of seeing the practice of Dr. Boeninghausen.

Immediately after his return, he began to practice in Brooklyn. Still later he practiced in New York, and in Newburgh; and finally removed to Irvington. His health was never very strong, and he was often obliged to relinquish his practice for a time, on account of illness, and for the same reason made several trips to Europe, the West Indies, and various parts of the United States.

Notwithstanding his uncertain health and the frequent interruptions to which his labors were subject, Dr. Dunham was a most indefatigable worker, and his efforts were always in the cause of truth and progress. His high reputation as a learned and scientific physician, and especially as an able and earnest expositor and defender of the Hahnemannian doctrine, is known to all the medical world. For several years he was professor of Materia Medica in the New York Homœopathic Medical College, and the value of his contributions to that department of our science is recognized wherever homœopathy is known.

He was the originator of the proposal for holding an international convention of homœopathic physicians in Philadelphia on the occasion of our country's centennial, and was untiring in his efforts to insure its prosperous accomplishment. The history of that remarkable gathering will be an enduring monument of his large-hearted and unselfish zeal. It can hardly be doubted that his unremitting and self-sacrificing labors to insure its success, had something to do in expediting his untimely decease.

Soon after the close of the convention he had a severe attack of diphtheria, from which, after a struggle, he recovered, but with his system much debilitated. As soon, or indeed before, he was able, he resumed the arduous work he had assumed, of preparing the permanent record of its transactions.

These premature exertions were followed by alternate relapses and partial recoveries, until early in December, when yielding to necessity, he took to his bed. There he remained, in much suffering of body, but with undimmed intellect and calm contemplation of the end, which came Sunday, February 18, 1877.

With mental capacities of the highest order, pure in his private life, exceptionally modest and retiring in demeanor, large-hearted and generous almost to a fault, Carroll Dunham was a man whose character challenges at once our respect and our loving admiration.

John T. S. Smith, M. D.

The subject of this brief notice, although not by education and training a member of the medical profession, deserves commemoration in our annals as the father of American homœopathic pharmacology.

Previous to his undertaking the preparation of homœopathic medicines, all our remedies were derived from Germany. He was a native

of New Bedford, Mass., but came to New York when a child. He became a merchant and was connected with some of the first houses in the city. About 1842, being out of business, he was employed for a time as an accountant in the office of Drs. Gray and Hull. While so occupied, he had an opportunity to observe the inconvenience of depending entirely upon the foreign supply for their medicines. Having a taste for natural sciences, a considerable knowledge of botany, and an aptitude for chemical manipulations, and withal, an enthusiasm for homœopathy, Mr. Smith began the preparation of some of the most needful tinctures and triturations for their use. This fact becoming known, a demand for his preparations soon began to come in from other physicians, and the work which he intended for leisure hours, so grew upon his hands as to require his entire time and attention. He was thus the first, and for some time the only, manufacturer of homœopathic medicines in this country. The rapid and extended growth of the business under his administration, is a matter of general notoriety. In recognition of his services and merits in this important department, the Philadelphia Homœopathic Medical College, in 1857, conferred upon him its special degree of doctor of medicine.

As a business man, and in all the relations of life, Dr. Smith enjoyed the confidence and respect of all who knew him or had dealings with him.

He died of paralysis, at the residence of his son, Dr. Henry M. Smith, Spuyten Duyvil, October 3, 1876, aged seventy-one years.

Theodore Quick, M. D.

Doctor Quick was born in Plattskill, Ulster county, N. Y., October 29, 1826. He studied medicine with Dr. D. L. Everett, at Kingston, and graduated at the Homœopathic Medical College of Philadelphia, in 1855.

For about twelve years he practiced in Milton, in his native county, but removed to Harlem, New York city, some ten years ago, with great advantage to his practice. He was a man of first rate abilities, a thorough student and a successful practitioner. He had a very attractive and cordial manner, which readily won the confidence of all who came within the circle of his influence.

He continued in active practice till within a few days of his death. In March last he was suddenly seized with severe pain in the ileo-

coecal region, accompanied with excessive tenderness and other signs of inflammation. He was faithfully attended by Drs. Demarest, White and Wetmore, but, after a week of great suffering, he died of enteritis, April 4, 1877.

Dr. James Cromwell.

BY A. W. HOLDEN, M. D.

The subject of this sketch was born at Carlisle, Schoharie county, N. Y., on the 27th of September, 1811. He was a direct descendant of Oliver Cromwell, so famous in English history as the stern puritan, regicide and ruler of the English Commonwealth.

His early educational advantages were restricted, with the exception of a single year's academic instruction at Schenectady, N. Y., to the scanty and often interrupted opportunities afforded at the district school of his neighborhood. Nevertheless, by great diligence and application, he succeeded in acquiring a thorough knowledge of the ordinary English branches, and also a fair understanding of the rudiments of Latin and chemistry.

When he had attained the age of eighteen he commenced the study of medicine with a young, and subsequently eminent, practitioner, then residing in his native place. For two years or more his studies were thus pursued with advantage and satisfaction, when the removal of his preceptor broke up his plans and barred his further progress. At this time, also, it became necessary to seek the means of self-support in the acquirement of a trade. This was followed for four years and upwards, when an opportunity was gladly improved to resume his studies. He succeeded in obtaining a position as a prescription clerk in the city of New York, which familiarized him with the character, composition and properties of drugs and medicines, and their recent method of combination, preparation and administration. A position afterward obtained in the old city hospital during the year 1835 gave him an ample field for observation and practical experience in both surgery and medicine. During the terms of 1837–8, 1838–9, he attended full courses of lectures at the medical college at Fairfield, N. Y., pursuing his studies meanwhile at the office of a prominent firm of medical practitioners at Albany.

On the 10th of February, 1839, he was married to Miss Sarah C. Bradshaw, of Mechanicsville, Saratoga county, N. Y., a union which for a lifetime has proved of perfect harmony and accord.

An eligible opportunity presenting for embarking in practice, he removed, in the month of June following, to Mantua, Portage county,

Ohio, where, for six years, he found, in a wide and constantly expanding field of patronage, ample employment for himself and an assistant. He then returned to the east, and, with a view to graduating, attended an additional course of lectures at the Albany Medical College, pursuing his practice during the interim at Mechanicsville, N. Y. Four years after receiving his diploma he removed to the settlement known as "The Oneida," in the northern part of the town of Queensbury, where he practiced his profession for several years. Here his attention was first called to the then new system of practice, which was beginning to find scattering adherents here and there throughout the country. Pursuing his investigations carefully, he at length became a believer in its efficacy, a convert to its law of cure, and adopted it as his mode of practice. He soon after (in May, 1848) removed to the village of Caldwell, at the head of Lake George, so long and favorably known to the traveling public as an attractive resort, and fashionable watering place. Here Dr. Cromwell's eminent abilities and marked success speedily placed him in possession of an exclusive and wide-spread practice. Here, surrounded by influential patrons, and an ever-increasing circle of trusting friends, the doctor completed his life-work, and ended his days. During his career he was scrupulous and respectful in his relations to the profession, and invariably recognized the claims of suffering humanity upon his ability and skill, whenever oportunity offered. He associated himself in the various organizations of the faculty, serving as President of the Warren and Washington County Homœopathic Medical Society, and also of the Society of Northern New York. He was also a member of the State Homœopathic Medical Society.

At the fall election preceding his demise, he was elected one of the coroners of Warren county by a gratifying majority. Like most men of marked character, Doctor Cromwell's friends were fast, zealous and warm; his enemies bitter and unforgiving. His death, which occurred on the 7th of December, 1875, has proved a serious loss to the community in which he lived, and where he was held in universal respect. The following testimonial forms a fitting close to a long career of usefulness:

At a special meeting of the vestry of St. James' Church, Lake George, N. Y., held at the rectory, on Saturday evening, December 11, 1875, the following minute was unanimously adopted:

Forasmuch as it hath pleased Almighty God, in His infinite wisdom, to remove from his labors in the Church militant, our beloved associate and senior warden, James Cromwell, M. D., we, the rector,

surviving warden and vestrymen of St. James' Church, do hereby express our high appreciation of his faithful service as warden of this church for twenty years past, since its organization in 1855, and of his uniform bearing as a Christian gentleman, consistent churchman and devoted servant of his Lord.

And we would record, with sincere feeling, our affectionate remembrance of his companionship, and of the kindly disposition which endeared him to all, and secured the respect of the entire community.

And we further desire most feelingly to tender to his widow and children our sympathy and sincere condolence in this the time of their sorrow, commending them to Him, the dear Lord, who comforteth those that are cast down.

And it is hereby ordered that a copy of the foregoing be presented to the family of the deceased, entered on the parish record, and its publication asked in the Glen's Falls papers.

CHARLES H. LANCASTER, *Rector.*

S. R. Archibald, *Clerk.*

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